INDEPENDENT LIVING PROGRAM

HEARING

BEFORE THE

SUBCOMMITTEE ON ECONOMIC OPPORTUNITY

OF THE

COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

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INDEPENDENT LIVING PROGRAM

THURSDAY, JULY 10, 2008

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY,
Washington, DC.

The Subcommittee met, pursuant to notice, at 1:17 p.m., in Room 334, Cannon House Office Building, Hon. Stephanie Herseth Sandlin [Chairwoman of the Subcommittee] presiding.

Present: Representatives Herseth Sandlin, Hall, Boozman, and Scalise.

OPENING STATEMENT OF CHAIRWOMAN STEPHANIE HERSETH SANDLIN, AS PRESENTED BY HON. JOHN J. HALL

Mr. HALL [presiding]. Good afternoon, ladies and gentlemen. The Committee on Veterans' Affairs Subcommittee on Economic Opportunity hearing on the Independent Living Program (ILP) will come to order. First, I will ask you to join me in standing and saying the pledge. The flag is at both ends of the room.

[Pledge of Allegiance]

Mr. HALL. Thank you, and thank you for joining us. Thank you for your patience while we were voting. Today's hearing will give the Subcommittee the opportunity to learn more about the U.S. Department of Veterans Affairs (VA) Vocational Rehabilitation and Employment (VR&E) Independent Living Program and how it is assisting our veterans in a seamless rehabilitation into family and community life. As many of you know, the goal of the Independent Living Program is to ensure that eligible disabled veterans are able to maintain maximum independence in their daily living by developing learned skills that may benefit them for future employment.

Some of our panelists might recall this Subcommittee held its first hearing back in March of last year that gave our new Members the opportunity to learn about the programs under our jurisdiction. One such program that was considered was the Vocational Rehabilitation and Employment. But today, we are here to specifically review the Independent Living Program.

As we will hear from our panelists, many of our most severely disabled veterans' lives have been profoundly changed for the positive as a direct result of these independent living (IL) services. Unfortunately, Members of this Subcommittee have also heard from veterans that have raised concerns that the VA staff is poorly trained to properly refer veterans to available resources, mismanagement of claims by VA personnel that cause a delay in serv-

ice, and the need to increase the current statutory limit of 2,500 slots annually.

Earlier this year, we received a letter from a veteran who urged the full Committee Chairman to consider reviewing independent living services for veterans with chronic and severe post traumatic stress disorder (PTSD). Specifically, this veteran would like to see an expansion of the independent living services to provide Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans with opportunities for employment services that can also benefit older veterans who have service connected psychiatric disabilities.

I am interested in hearing from our panelists about this and other suggestions to determine how we can best serve all our veterans, especially in light of the Department of Veterans Affairs Office of Inspector General's report dated December 17, 2007. A few of the issues of concern raised in this report include VR&E rehabilitation rate calculations and information on total program participation and outcomes were not fully disclosed in the VA Performance and Accountability Report; the 2,500 statutory cap was underutilized in fiscal year 2006 and services to our veterans were delayed; and the VA should effectively monitor the number of new independent living participants and detailed information should be provided to Congress for review. It is very important that we examine these concerns, especially at a time when the VA Secretary recognizes an increased need for independent living services over the next 10 years.

Today's servicemembers are returning with PTSD, traumatic brain injury, amputations, and severe burns that would have been fatal in previous conflicts. Congress must continue to reexamine the development and results of this program to provide the best services in a timely manner. The men and women who serve our Nation honorably deserve, and should receive, the best our country can offer. I look forward to working with Chairwoman Herseth Sandlin, Ranking Member Boozman, and other Members of this Subcommittee to explore how we can improve the VA's Independent Living Program for our servicemembers and veterans.

I now recognize Mr. Boozman for his opening remarks.

[The prepared statement of Chairwoman Herseth Sandlin appears on p. 33.]

OPENING STATEMENT HON. JOHN BOOZMAN

Mr. BOOZMAN. Thank you very much, Chairman Hall. I think the first order of the day is to thank both members of our first panel for their service to their country. I believe both Mr. Lancaster and Mr. McCartney are service-disabled veterans of the Vietnam War and they honor us with their presence here today. So, we really do appreciate you very, very much.

Chairman Hall, I believe you and I would agree that the VA's Vocational Rehabilitation Employment Program should be the crown jewel of programs for disabled veterans. The program is generous in its benefits and the law provides VR&E staff with wide latitude in determining who qualifies for the program. It is important to note that employment is the goal of the VR&E Program and

for the vast majority of those who participate in the Program a job is reasonable and achievable.

Unfortunately for our most severely injured, employment is sometimes not an option so the VR&E Program includes independent living services for those who cannot work because of their service connected disability. Such a program is designed to enable such veterans to achieve maximum independence in daily living and VA may contract for these services with qualified providers. Title 38 defines independence and daily living as "the ability of a veteran, without the services of others," or "with the reduced level of the services of others, to live and function within such veteran's family and community." That is a fairly broad definition. And I would hope that Ms. Fanning would describe how her staff determines what fits within the definition.

I want to make a point about one way we judge the Program's performance. As an example of the difficulty we face in using VA data to determine the Program's performance, I would call your attention to the latest Veterans Benefits Administration (VBA) Annual Benefits Report. On pages 77 to 84, the report shows 884 veterans receiving independent living services, and on page 86, the data shows 949 participants and 2,957 veterans rehabilitated. Clearly the inconsistency between the number of participants and the number of those rehabilitated, as well as the two different amounts of participants, does not give us a clear understanding of how the Program is doing. So I hope that we can work together so that we can make the data a little bit more understandable for us.

Finally, I am glad to have Mr. Lancaster, Executive Director of the National Counsel on Independent Living with us today. I understand that the National Council on Independent Living (NCIL) is not represented on the Secretary's Advisory Council on Rehab. It seems to me that the NCIL should be a member of the Committee because of their broad experience in independent living. And I urge Secretary Peake to consider, in fact I urge him to invite, NCIL to become an active member in his Advisory Committee.

Thank you, Mr. Chairman, and I yield back.

[The prepared statement of Congressman Boozman appears on p. 34.]

Mr. HALL. Thank you, Mr. Boozman. Before I proceed, regarding consistency, I just want to mention that, the first time I mentioned the 2,500 statutory cap, I mistakenly misspoke and said dollars as opposed to people. I intended to say 2,500 individuals.

I would like to welcome our panels testifying before our Subcommittee today. I remind all of our panelists that your complete written statements have been made part of the hearing record. Please limit your remarks so that we may have sufficient time to provide followup with questions once everyone has had the opportunity to provide their testimony.

Joining us in our first panel is Mr. Bruce McCartney, an Army veteran from Midway, Georgia; and Mr. John A. Lancaster, Executive Director of the National Council on independent living. Mr. McCartney, thank you for your service. Thank you for traveling from Georgia to be here with us today. You are now recognized for 5 minutes.

STATEMENTS OF BRUCE McCARTNEY, MIDWAY, GA; AND JOHN A. LANCASTER, EXECUTIVE DIRECTOR, NATIONAL COUNCIL ON INDEPENDENT LIVING

STATEMENT OF BRUCE McCARTNEY

Mr. MCCARTNEY. Chairman Hall and Members, on behalf of the hundred or so disabled vets who know I am here, and the couple hundred thousand who do not, I welcome this invite. My name is Bruce McCartney. In 1986, I was medically retired from the United States Army under Chapter 61 after 17½ years of active-duty service.

I served four combat tours in Vietnam as a DUSTOFF and ground pounding combat medic. One-thousand four-hundred seven boots on the ground days. It was my job to go to the wounded soldier who walked into a booby trap or was laced across the gut with an AK–47, try to keep him alive until we could get him to the hospital. I was not always successful. But more often than not, death was cheated of another victim.

When I came home from Vietnam, there was little help available to transition the disabled veteran. One day you are in the War, the next day you are back in the world trying to regain some semblance of normalcy. If perchance you met or heard about a veteran who had acquired a particular VA service or program, then you applied. Other than that, there was not much assistance offered by many. I am one of the fortunate, or so I thought. Had I known when I applied for the Independent Living Program in November of 2003 that it was leading me into a 4-year nightmare that would affect me both mentally and physically, I would not be testifying before this Subcommittee today.

In 1990, I was advised by the Savannah Vets Center to apply for Voc Rehab Services. I met with a case manager, was aptitude tested, and advised I should seek a vocation as a registered nurse or a teacher. With my experience in combat medics, the nursing course made sense. Unfortunately, school exacerbated by PTSD and my education was sporadic at best and disruptions were the norm. After many counseling sessions with him, his final statement to me was, "If you ever get straightened out, come back and see me."

I languished for years, much like untold numbers of disabled veterans even as we speak. In October of 2000, fate knocked on my door. It was during the filming of the documentary, "In the Shadow of the Blade," that I was reunited with my friend and fellow DUSTOFF medic from Vietnam, Jake Bailado. He told me of a cousin who was also a disabled Vietnam veteran who had applied for ILP. They assisted him in obtaining a small tractor to help him work his farm. After several years of PTSD therapy outside the VA system, in November of 2003 I met with Voc Rehab counselor Tina Hutchison in Savannah to apply for ILP. My goal was to try to obtain an interest-free loan to replace my antiquated tractor so I could cultivate my nine-acre property. Ms. Hutchison advised that my goal was out of the question because it was considered a vehicle. But ILP would in fact assist me with acquiring a greenhouse.

That is where the nightmare began. To call it a run around is to put it mildly. Delaying tactics became the norm. Phone calls were not returned. Application processes were delayed. Emails

went unanswered. And years passed. It was almost as if the people who were being paid to help were just hoping I would just die or go away. During my ordeal, I talked with several other disabled veterans who also needed and were qualified for ILP. I urged them to apply, but seeing the difficulty I was having and how it was affecting me both physically and mentally, they decided it was not worth their well being to go through with what I was going through. I began to wonder if this was the whole point. After all, when word gets around how difficult the process is, fewer veterans will pursue it.

Sharing with them a letter I received with Atlanta Region Director L. R. Burkes in 2007 apologizing for his subordinates' failures and promising needed improvements, these veterans did indeed apply for ILP. They then began the experience the status quo. Complete an application, it gets lost. Complete another, it goes into a black hole some call the process. Emails and phone calls again are not answered. Sometimes when they are, the veteran is treated with disrespect and scorn as if he or she is asking for a handout instead of a benefit which they earned with their broken bodies.

Now as I network with even more disabled veterans, it appears that ILP is a benefit that is being held close to the vest, not to be disseminated. Is this because of the 2,500 cap, which equates to less than 1 percent of the eligible 100 percent disabled veterans population? I cannot answer that. I do know that malfeasance is being overlooked while the consequences of ineptitude are being suffered by the very deserving people the VA exists to serve, America's disabled vets.

The American people, through their Congress, have made it clear that they want to support the troops and they want to support veterans. This body passes legislation for such programs, but when bureaucratic land mines prevent us from actually assessing the programs afforded the opportunity to make a difference for veterans is missed.

Many years ago in the rice paddies of Vietnam, I aided the wounded. Now these many years later, I have vowed to advocate for my wounded brothers, yet again. It has become a formidable task that needs your involvement. I am asking you to take this battle to task. As American veterans both young and old have fought for you, we need you to fight for us now. One thousand four hundred and seven days fighting the enemy in Vietnam. One thousand four hundred and sixty three days fighting the VA for an ILP. Thank you.

[The prepared statement of Mr. McCartney appears on p. 40.]

Mr. HALL. Thank you, Mr. McCartney. Mr. Lancaster, you are now recognized.

STATEMENT OF JOHN A. LANCASTER

Mr. LANCASTER. Thank you, Chairman Hall and Ranking Member Boozman. Thanks for this opportunity to testify before you on behalf of the National Council on Independent Living. Mr. Boozman, if we did get an official request to serve on the VA's Independent Living Program Committee we would gladly and honorably accept that role and do what we could.

I am a disabled vet as well, only I guess I am far more fortunate than Bruce next to me in that years ago, I did get relatively what I consider decent service from the VA system. It sent me back to my alma mater where I was able to get a law degree. It did great physical rehabilitation for me. It even then, before there was an Independent Living Program per se, gave me a few independent living services. They gave me driving lessons with hand controls on the car, which is a major part of independent living, being able to get around.

Fortunately, I have had a successful life and a successful career and have not had to rely on such services. And my career over the years has brought me to my current position as Executive Director of the National Council on Independent Living. We are an association representing all the Centers for Independent Living and State Independent Living Councils around the country. This Independent Living Program is, as you know, funded through Title 7 of the Rehabilitation Act and administered by the Rehabilitation Services Administration of U.S. Department of Education. Three hundred and thirty six centers receive direct Federal funding through Title 7 of the Rehab Act. Another maybe 70 to 80 centers receive indirect funding through their State governments and through indirect Federal funding, making a little over 400 centers in this country providing independent living services to people with very severe disabilities in every Congressional district in the country, except five. And we will get those other five sooner or later.

Services they provide are peer counseling. People with severe disabilities working with, mentoring, showing through steps other people with severe disabilities how to manage their lives, how to be fully included in the community, and how to be productive citizens. They provide information and referral. They do independent living skills training on everything from managing one's life in their own home to balancing checkbooks, to navigating housing authority processes, to navigating employment service processes. And then fourth, all of these centers are providing advocacy on some level or another. Individual advocacy on behalf of the individual who might need that advocacy, and systems advocacy, working with the community to make sure that the community is more accessible to and inclusive of people with disabilities.

And I have included in my written testimony the value of our program. The number of people that have been able to get out of institutions; the number of people that they have prevented from going into institutions; the employment services that they have delivered; personal care attendant services; transportation services; assistive technology.

We welcome the opportunity, and indeed some of our centers are starting to working closely with the VA on a number of independent living initiatives. And I indeed, personally, have met with Ruth Fanning and we have had a successful, I hope, beginning in terms of continuing a dialog.

There are some differences in the way the VA approaches independent living to what we do. At the core of our belief in our system is consumer control. That you take the individual and you put them in control of their own services and their own lives, and you support them and teach them, and mentor them in getting to that

point. So that the veteran, in this case, the disabled veteran, would become the hub and the controller, if you will, of the things that that individuals needs to participate fully in the community and ideally to have a job. If that means personal care attendant, personal care attendant. If that means access to affordable, accessible, inclusive housing, then that gets provided or at least you work with a veteran to make sure that they get their Section 8 voucher if that is what they need, or whatever other support. If it is home modifications, home modifications. Those sorts of advice and suggestions. So we have a much, I think, more expansive, broader view. We feel that independent living does not stop with the ability to operate in your home. That it really ends when the person has achieved full inclusion in their community and has achieved economic self-sufficiency. Often, that means a job.

We have three recommendations in this area, which our network certainly has a major responsibility for, at least in two of them. Number one, there needs to be much great sharing of information between the Veterans Administration and the Independent Living Program, and State veterans organizations and the Independent Living Program. And when I say the national VA, the Department of Veterans Affairs, we are talking more here about regional and local offices than a dialog that might go on between, say, Ruth and I here in Washington. It has got to live down in the communities across the country. So, there are training programs we could be doing. There is some, you know, encouragement from ideally up here in Congress to get parties talking together down at the local level. But there needs to be a better understanding between the two systems. And certainly we take responsibility for that. And there are some things, good things going in that regard in States like Alaska, Minnesota, Michigan, in particular, Florida. So we do have some things going there.

Second——

Mr. HALL. Mr. Lancaster, in the interest of time, please summarize.

Mr. LANCASTER. Yeah, two final recommendations. Second, the need for CILs to better understand, Centers for Independent Living, in our network, the whole veterans world and for lack of a better word the veteran culture and to establish relationship with veterans service organizations (VSOs) as well as State and Federal VA things.

Third, and I think this would go a long way, is in that system of 336 direct federally funded centers out there around the country, if the money could be provided, and I figured it would be in the neighborhood of $25 million, frankly, to place one veteran, ideally a disabled veteran, as an employee in every single one of those centers with the primary responsibility of reaching to the veteran community and to disabled veterans in their community that need Independent Living Programs so that we do not have the type of misunderstanding and miscommunication that was so eloquently explained by Mr. Bruce McCartney here next to me. So I think that would be a real solid recommendation that would go a long way to promoting the independent living of disabled veterans in this country. Thank you.

[The prepared statement of Mr. Lancaster appears on p. 40.]

Mr. HALL. Thank you, Mr. Lancaster. Let me recognize myself for a few questions. First Mr. McCartney, thank you for your service and for your moving testimony. In your opinion, what would be the major change that the VA needs to make regarding the Independent Living Program? If you could wave a magic wand and have one thing change, what would that be?

Mr. MCCARTNEY. Directives need to come out that the Independent Living Program is something to be exploited by each case manager to every veteran that comes into the door, that it is explained to them. All these 272,000 100-percent disabled veterans and the hundreds of thousands of others with 60 and 70 percent disabled, who are qualified for the Program. And then they need to action these in a fast track. It should not take a year, it should not take 2 years, 3 years, 4 years, for one person to get a Program.

Mr. HALL. Thank you. In trying to get assistance from the Independent Living Program, do you think that the VA personnel understood the Program and how it should help veterans?

Mr. MCCARTNEY. I think there is a break down from the lowest echelon to the highest echelon. I have been in contact with each chain of command. And at each level of command, from the Director's Office down to the local case manager, is repeatedly delay, no answer. Personally, I felt like I had the plague or they just wanted me to go away.

Mr. HALL. And sir, what is the status of your application today?

Mr. MCCARTNEY. It was completed in 2007, in December of 2007. And there was supposed to be a 1-year followup between myself and my case manager. I do not know who my case manager is. Every month I fill out my report and I have it for them whenever they are ready for it.

Mr. HALL. What was the problem, or what was more the problem, your counselor or the program itself?

Mr. MCCARTNEY. The personnel running the program. Like I say, I think it is a close held program. And the ILP is put at the bottom list of everything. I have communications from the case manager that said, after 2 years in the process, in November of 2005, they say, "Well, I had a really extremely heavy caseload and I can finally get around to your case now."

Mr. HALL. Thank you. What do you think, Mr. McCartney, is the greatest benefit of the ILP? Let us know when you——

Mr. MCCARTNEY. Right now it is hard for me to see any benefits of it.

Mr. HALL. I understand, sir.

Mr. MCCARTNEY. Because I am advocating for eight veterans right now who are going through the same exact thing that I am. Some of them it has been 15 months since they submitted their application.

Mr. HALL. Mm-hmm.

Mr. MCCARTNEY. And they were resubmitted. So are there any real benefits? Negligible.

Mr. HALL. When you find some, you will come back and tell us?

Mr. MCCARTNEY. I definitely will.

Mr. HALL. Thank you. Mr. Lancaster, how many referrals does NCIL get from the VA per month?

Mr. LANCASTER. I do not have that information. And I would suspect that with the exception of two or three States that the answer would be zero. In Michigan I know there is, there is a direct linkage and a memorandum of understanding in place between the State of Michigan which includes the Independent Living Program. And I do not know the number of referrals that that amounts to. But we can find that information out. But I know in a lot of States what we have learned from a survey that we did to ourselves that the number of veterans they are seeing is increasing dramatically. Interestingly enough they are seeing a large number of Vietnam veterans and a smaller number of Iraqi/Afghani veterans, although it is our suspicion that in the future we will start seeing more of those as well. But they are coming in off the street. They are not coming in as referrals. Or off the street may be the wrong word, but they are coming by a word of mouth referral or some other referral than through the VA.

Mr. HALL. Thank you, sir. Now I will recognize Ranking Member Boozman and also acknowledge the presence of our Chair, Chairwoman Herseth Sandlin, and turn the Chair back over to her at the same time. Mr. Boozman?

Mr. BOOZMAN. Thank you, Mr. Hall. I was reading, and you mentioned in your testimony, your caseworker saying something to the effect that if you ever get straightened out come back and see me. So we are glad that you have gotten straightened out and that you are here seeing us. At first you wanted a tractor, and then, you were persuaded, or pushed into the greenhouse. Has that been helpful? I know you have gone through this tremendous ordeal. But is that something that, you know, if we could forget about that, is that entity being helpful to you in what you are trying to get done?

Mr. MCCARTNEY. Initially, I wanted an interest free loan, or assistance getting an interest free loan, so I could buy my own tractor.

Mr. BOOZMAN. Right.

Mr. MCCARTNEY. And then pay it back. After 4 years, 4 years and a couple of days, my greenhouse was completed. Unfortunately, the contractors were not paid as they should have been and they kept showing up at my door. And I took out a line of credit and paid them off. And when they got paid then they reimbursed me. I felt morally that I had to do that because I had a good relationship with all three contractors that worked on this project. Since the project has been completed I have had——

Mr. BOOZMAN. That is my next question. Have they subsequently reimbursed you? Is that——

Mr. MCCARTNEY. The contractors.

Mr. BOOZMAN. Have you gotten paid for——

Mr. MCCARTNEY. Yes, sir, I have. The day after they got the check they came to my door and said, "We appreciate you putting this money up front for us." You know, 75, 80 days is too long to pay a contractor.

Mr. BOOZMAN. But since that time the VA has reimbursed you?

Mr. MCCARTNEY. Yes, sir. The VA?

Mr. BOOZMAN. You got your——

Mr. MCCARTNEY. No, the contractors. The contractors reimbursed me, yes, sir.

Mr. BOOZMAN. Okay, very good.

Mr. MCCARTNEY. Since we have been completed, I have had three 4–H clubs come to the greenhouse. I am doing all hydroponics. That is unheard of in southeast Georgia. I have had a couple master gardeners come and emulate my hydroponics system. We have had two high school horticulture classes come. And it is an educational process for them in that I make them determine the volume of a four by eight pool, and how much chemicals or nutrients to add to this. So it is a good learning process for them. It is really been good for me that I am in my comfort zone and I can do what I like to do in my comfort zone.

Mr. BOOZMAN. Very good. Mr. Lancaster, Mr. McCartney has very well, in detail, been able to deduce his experience through the years. In your experience with dealing with other veterans, have they had the same problems? Or is it a regional phenomenon? Or——

Mr. LANCASTER. No, I would say that there are a number of veterans who experienced significant disabilities, often one similar to Mr. McCartney, like PTSD, who have had similar experiences over the years. There has been some fairly good efforts through the Vets Centers to deal with some of the counseling issues. But in terms of getting some of the hard support issues toward independent living and productivity like Mr. McCartney is talking about, I think there are some real issues going on.

Mr. BOOZMAN. You deal with these things. We can see how long this takes. What would be a reasonable time factor to get a greenhouse? To accomplish that task that he was trying to get done?

Mr. LANCASTER. I would say from application point to when he is up and running, not knowing a lot about Mr. McCartney's business I have to, you know, confess there. So I do not know what the start up time. But I would think in terms of application to approval, you know, a reasonable time might be in the area of a, you know, maybe a month. And then immediately start getting that, you know, assistance going.

Mr. BOOZMAN. Right.

Mr. LANCASTER. I mean, I cannot see why it should take all that long.

Mr. BOOZMAN. Do you agree, he mentioned, one of the things that Mr. McCartney mentioned was the fact that lots of veterans do not know about the program. That we need a better education program to, so that veterans in this situation will be aware. Is that a fair statement?

Mr. LANCASTER. I would say that is a very fair statement. I would also say, as I said in my testimony, our system, the Independent Living Program, needs to know more about the VA's Independent Living Program so that we can better serve veterans. And that is a shortcoming on our part. Our centers are stretched pretty thin. So it would be really good to have some sort of training program that we could implement, or the VA could implement, or somebody could implement, to be systematically training Centers for independent living on what is available through the VA. So that when a veteran comes in we can appropriately refer if the referral has them coming from us. And then also people need to look at what our system, which has been around since 1978, can do for vet-

erans. It is already an established system funded in part by the Federal Government through the Rehabilitation Services Administration. And, you know, it is a, it is a really good system that empowers people into taking responsibility for their own lives and getting involved in the community and achieving economic self-sufficiency.

So let us not reinvent the wheel, here. Let us create the linkages and the support systems to make what is out there work.

Mr. BOOZMAN. Right. Again, I thank both of you for your service to your country. Your testimony today was very helpful. Thank you, Madam Chair.

Ms. HERSETH SANDLIN [presiding]. Thank you, Mr. Boozman. I just have one quick followup before turning over to Mr. Scalise for his questions. Mr. Lancaster, then, I know that the Centers for Independent Living conducted a survey on some of what you were just discussing in terms of this need for a more formal connection——

Mr. LANCASTER. Mm-hmm.

Ms. HERSETH SANDLIN [continuing]. And relationship, and the ideas of systematic training, and understanding among the Centers are stretched thin. What has been the attempt in the past to improve the relationship between the Centers and the VA? Is this primarily a budgetary matter? Or are there some bureaucratic issues as it relates to identifiable individuals within the VA that are here to help establish a more formal connection? You had mentioned in your response to Mr. Boozman that maybe there is some responsibility on the part of the Centers. I mean, what has been done in the past?

Mr. LANCASTER. Well frankly, to be real honest, not a lot has been done. There has been a big, how shall I say it, lack of understanding between what our system has to offer and our lack of understanding and knowledge of the VA system. Traditionally and in past years veterans tended to turn to veterans service organizations for most of their needs and service and advocacy, or directly to the VA. Recently we have been seeing a major shift in that. That is why we did this survey. That is why we are starting to really look at these issues where we are starting to see significant numbers of veterans coming for the first time, Vietnam era ones are the largest number, but now more and more of the Iraqi/Afghani veterans coming to us for assistance in accessing housing, for peer support and mentoring, for employment-related services, for personal care attendant services. And also for other services, like access to assistive technology and good advice in that regard. So there is a variety of different things that these veterans are starting to come to.

Now we feel they are coming to the right place. Then again, we also know that some veterans are not looking at us as a support system and a place where they can get services that will empower them and help them access what they need because we are not veterans. I am, personally, and some are, but for the most part it is not like a VSO. And that is where our system needs to reach out and better understand, for lack of a better word, kind of the veteran community culture, and the brother- and sisterhood, if you will, that exists among veterans.

And why the recommendation that I made I think would be so valuable. If there could be resources made available for every single one of those 336 directly federally funded centers to have the funds to hire a veteran, preferably a disabled veteran, to work in their centers, to do outreach to veterans service organizations, to the State Veterans Affairs Agencies, and the VA, to broker and work with and help put together the services, I think it could go a long toward developing a, kind of a more seamless system, if you will, that would be far more responsive. And that could cover the myriad of opportunities that are available between the VA, State veterans organizations, and State veterans benefits, and what veterans service organizations have to provide.

Ms. HERSETH SANDLIN. Thank you very much. Mr. Scalise, you are recognized.

Mr. SCALISE. Thank you, Madam Chair. Sergeant McCartney, your testimony had mentioned VA has some contract counselors. What is your experience been with them compared to the regular staff?

Mr. MCCARTNEY. The consultants.

Mr. SCALISE. Yeah.

Mr. MCCARTNEY. Superb. My consultant was a veteran. That made it easier. He, he could empathize with what I had been through and what I was going through. And he was a shoulder that I often went to when I was having problems with the Regional Office or the Director's Office, or even my local case manager.

Mr. SCALISE. Still followed the same procedures? I guess what I would be curious to find out is what was he doing differently than the other staff? Or what were they not doing within the guidelines that they are all supposed to follow why would you maybe get one experience——

Mr. MCCARTNEY. He did not come on board until after Congressman Barrow endorsed a letter to Congressman Filner about getting this project started. It was way overdue. Only then was he contacted by the Director, who said, "Let us get on this one and let us get it done soon." So that is when he came aboard. I have only been in contact with him for a matter of months. And everything was professional and aboveboard. And when I called him or emailed him with a question or a concern, I got immediate replies. So——

Mr. SCALISE. And why do you not think you got that same kind of response from some of the staff that you dealt with in the past?

Mr. MCCARTNEY. Malfeasance. Ineptitude. Caseload. Lack of caring for disabled veteran needs.

Mr. SCALISE. So you could sense not only procedurally maybe they approached things differently, but just from maybe a sense of urgency to want to help? You did not find that from some of that staff that you did find with the contract person?

Mr. MCCARTNEY. Not only could I sense it. I felt it. I lived it.

Mr. SCALISE. Now, you said you are also helping some other veterans. Eight other, I think you said, at the current, at present time.

Mr. MCCARTNEY. Yes, sir.

Mr. SCALISE. Now, are you going through the consultant with them? Or is this going through a different channel?

Mr. MCCARTNEY. Everything starts at the local case manager level. From there they get their application from the case manager. The case manager sends it to the Regional Office. The Regional Office sits on it for a period of time. Then it goes back to the case manager and says, "Okay, well we are going to approve this. You know, we have found that this veteran would be qualified." Now that is a change in the system from when I first applied. The case manager went into the computer, looked at my records and says, "Yes, you are qualified for independent living." That is when the process started then. Now we have a delay, that the case manager has to send to Regional, Regional might take a month or two or three or six or seven, as is the case with a couple of the veterans that I am working with now, before they send anything back down.

Mr. SCALISE. Is that a policy change?

Mr. MCCARTNEY. I cannot answer that. I would presume it would be. Because like I say, when I applied, when I applied with the case manager in November of 2003 she said, "Well, you are qualified." Now the veterans are applying with the case manager, they do a small interview, a bio, and it, they might get called back in a month or two.

Mr. SCALISE. So they are not able to get that immediate response?

Mr. MCCARTNEY. Pardon me.

Mr. SCALISE. They are not able to get that immediate response——

Mr. MCCARTNEY. No.

Mr. SCALISE. All right. That is all I have for now. Thank you. And thank you both for your service.

Ms. HERSETH SANDLIN. Thank you. I do not have any further questions. I do want to thank you, Mr. McCartney, for being here and sharing your experience. I can certainly appreciate the level of frustration with the lack of responsiveness, which oftentimes can be a lot more frustrating than not getting the desired outcome such as having some sort of forward progress and resolution to the needs under the ILP program. We appreciate the insights you have been able to offer today. Mr. Lancaster, we appreciate your testimony as well, your service to the country, and for being here today and for offering your testimony. Thank you very much.

Mr. LANCASTER. Madam Chairwoman and Ranking Member, thank you for this Subcommittee bringing attention to this matter and holding this hearing. Thank you very much.

Ms. HERSETH SANDLIN. Thank you.

Mr. BOOZMAN. Absolutely.

Ms. HERSETH SANDLIN. I would now like to invite our second panel to the witness table. Joining us is Mr. Richard Daley, Associate Legislation Director of the Paralyzed Veterans of America; who is accompanied by Ms. Theresa Barnes Boyd, Vocational Rehabilitation Consultant of the Paralyzed Veterans of America; and Mr. Mark Walker, Assistant Director of the Economic Commission for the American Legion. We thank you all for joining us today. Mr. Daley, I think we will go ahead and begin with your testimony. You are recognized for 5 minutes.

STATEMENTS RICHARD DALEY, ASSOCIATE LEGISLATION DIRECTOR, PARALYZED VETERANS OF AMERICA, ACCOMPANIED BY THERESA BARNES BOYD, VOCATIONAL REHABILITATION CONSULTANT, PARALYZED VETERANS OF AMERICA; AND MARK WALKER, ASSISTANT DIRECTOR, NATIONAL ECONOMIC COMMISSION, AMERICAN LEGION

STATEMENT OF RICHARD DALEY

Mr. DALEY. Chairwoman Herseth Sandlin, Ranking Member Boozman, and Members of the Subcommittee, I would like to thank you for this opportunity for Paralyzed Veterans of America to discuss the Department of Veterans Affairs Independent Living Program which is administered by VA's Vocational Rehabilitation and Employment (VR&E) Program. PVA believes that the VR&E Program is one of the most critical programs that the VA administers in assisting veterans with disabilities to successfully transition to civilian life.

The primary mission of the VR&E Program is to provide veterans with service connected disabilities all the necessary services and assistance to achieve maximum independence in daily living to the maximum extent feasible, to become employable, and obtain and maintain suitable employment. In 1980, when the Independent Living Program was first developed, it was a pilot program. It had a 500 cap maximum to the program. The program was successful and the 500 cap seemed to be forgotten. And they went, actually went beyond the 500. Years after dealing with the 500 case cap, the VA met with Congressional staff members to request the case cap be removed. Congress at that time would not remove the cap because they wanted the VA to implement stronger guidelines for the program. However, Congress did accede to increase the case cap from 500 to 2,500 in 2001.

Even though the new case cap was increased, the VA continued to bump up against the case cap for many years. This caused a slow down in delivery of services. They had to request counselors when they got close to the cap to send their applications into the national office for review, and the review took some time. And so they never quite finished all the applications for that year and they ran over into the next fiscal year, then they could approach the cases and open them up again. The cause in the delay also placed a burden on the VR&E staff because they had to take the time to review the applications and they had to also monitor the number of people that were actually applying so they did not reach the 2,500 or exceed it.

PVA strongly opposes any unnecessary delay in services, especially services to severely disabled veterans. PVA is extremely disappointed that VR&E staff is still forced to abide by the arbitrary 2,500 new case cap. At this time when the continuation of our military efforts in Operation Iraqi Freedom and Operation Enduring Freedom are unfortunately resulting in ever increasing numbers of veterans who sustain serious injuries, any limit imposed on the delivery of services to the severely disabled veterans is at best contrary to the intent of Congress and the American people.

To achieve the successful outcome with the approximately 95,000 veterans each year, VR&E has made progress through continual

improvement of its programs. In 2004, VR&E hired an Independent Living Coordinator to manage the Program. In 2005, the Independent Living Standards of Practice were issued for the VR&E field staff and provided guidance for them. And over the last 3 to 4 years VR&E has not met their limit in that gap, but that is probably because of the slow down in procedures that you heard about earlier.

The removal of the IL cap, the greater attention directed to serving veterans with severe disabilities, PVA recommends that VR&E be given additional, professional, full-time employee positions for the Independent Living Specialist counselors. These experienced counselors should be fully devoted to delivering the service to those veterans determined to have serious employment handicaps and partnering with other programs in the community to bring to the veteran the full range of independent living services available.

Madam Chairwoman, that concludes my testimony. I would be happy to answer any questions you may have.

[The prepared statement of Mr. Daley appears on p. 42.]

Ms. HERSETH SANDLIN. Thank you, Mr. Daley. Mr. Walker, you are now recognized for 5 minutes.

STATEMENT OF MARK WALKER

Mr. WALKER. Madam Chairwoman, Ranking Member Boozman, and distinguished Members of the Subcommittee, thank you for the opportunity to present the views of the American Legion regarding the Independent Living Program. The Independent Living Program serves severely disabled veterans who VA determined at that time were unable to pursue an employment goal. The Independent Living Program provides the veteran with an evaluation and counseling, prosthetic appliances, adaptive automobile equipment, wheelchair training, and other services necessary to enable a severely disabled veteran to achieve maximum independence in daily living. Veterans may remain in an Independent Living Program for a maximum of 30 months.

Chapter 31 of Title 38, United States Code, limits the number of veterans who can be placed in Independent Living Program to 2,500 annually. The American Legion supports the removal of this cap. VA should effectively manage and monitor the number of new Independent Living Program participants and provide detailed information to Congress on delays in veterans services until a decision has been made to remove the annual statutory cap.

Severely disabled veterans state that the independent living services assisted them in adjusting to home life and participating with family and community at a higher level. The Program has provided severely disabled veterans much needed assistance and possible hope for future employment. In February 2007, the VA Secretary stated that the Vocational Rehabilitation and Employment Program anticipates a steady increase in the demand for independent living services over the next 10 years. At this time in the Nation's history, it is paramount that we ensure the VA is capable of enabling veterans with disabilities to have a seamless transition from military service to successful rehabilitation and on to suitable employment after military service.

For severely disabled veterans this success will be measured by their ability to live independently, achieve the highest quality of life possible, and realize the hope for employment given advances in medical science and technology. To meet America's obligation to these specific veterans and other eligible vocational rehabilitation employment veterans, VA leadership must continue to focus on marked improvements in case management, vocational counseling, and most importantly job placement.

The American Legion strongly supports the Independent Living Program and is committed to working with VA and other Federal agencies to ensure that America's severely disabled veterans are provided with the highest level of service and employment assistance.

Again, thank you for the opportunity to present the opinion of the American Legion on this issue.

[The prepared statement of Mr. Walker appears on p. 44.]

Ms. HERSETH SANDLIN. Thank you, Mr. Walker. Let me start with a question to both of you, just to clarify. Is your organization's position that the statutory cap should be removed entirely or increased? If the organization's position is that it should be increased rather than removed, do you have a number? A projected number that you would suggest?

Mr. DALEY. PVA believes at this time it should be removed. There is a bill in the Senate to actually remove it. And we probably do not know what will happen. We do not know about the caseload that we will get from the current conflict. There are probably many, many people out there that could qualify for the program if it is removed.

Ms. HERSETH SANDLIN. Mr. Walker.

Mr. WALKER. The American Legion also desires for the cap to be removed.

Ms. HERSETH SANDLIN. Have your organizations both held this position for many years? Or was this a modification of the position in light of the increased numbers of severely disabled veterans we are seeing returning home from OIF and OEF, as well as some of the more severely disabled veterans from past conflicts, particularly those Vietnam veterans who may be suffering from PTSD and have a high degree of service-connected disability?

Mr. DALEY. I was not as familiar with the legislative goals of PVA in, say, 2000, 2001. I was working with the organization in another capacity. But why should we have a cap on any program that is for the severely service-disabled veteran? And say, "Well, sorry, thanks for serving your country. Come back in October 1st, our new fiscal year, so we can deliver benefits to you." No, I do not think that we should ever have a cap and we have probably felt that way all along.

Ms. HERSETH SANDLIN. I appreciate that and I am asking a question that goes back. I am asking the question because prior to this hearing, this particular program has not gotten the attention we think it warrants. A number of other veterans service organizations felt that they were not in a position to provide testimony as they do in other hearings because this program is one that VSOs are not as familiar with. This occurrence sort of goes to the issue of Mr. Lancaster's testimony, and perhaps both of you could comment on

it. As he recognized the issue, he said, "Look, well there is just sort of a general lack of understanding of everybody's systems, whether it is the VA's system program, whether it is the systems with the Centers of Independent Living, or whether it is the VSOs, and how to make those referrals smooth and what everyone can provide." I mean, would either of you like to comment on Mr. Lancaster's statements?

Mr. DALEY. To address what you are referring to, Chairwoman, about if people do not know about, I called several service officers that are out in the field for PVA and asked them about the program. And of course our service officers, they deal with paraplegics and quadriplegics, so of course they qualify for Independent Living Programs. And they knew nothing about it. They said, "I know of it, and it exists somewhere within the VA. But I cannot tell you much about it." One service officer with more than 20 years experience, he said, "Well, let us look it up in the VA publication and see what it says." This is the publication of all the Federal benefits. And you go to the index, independent living is not in there. So how would a veteran know about it? How would the parent or the spouse that is taking care of the severely disabled veteran even say, "Well, there is a program here where you may be able to receive help." It is a secret.

And too, since I did not know much about the program, I asked my colleague Theresa Boyd to accompany me because she has been very instrumental in putting together several vocational employment programs for PVA, the one that you have heard about in Richmond, Virginia. And we have two more on the drawing board now and she is responsible for that. But she is familiar with the Independent Living Program also. She has had many years with the VA. So I wish you could get a little knowledge from her.

Ms. HERSETH SANDLIN. Well, I will seek some insight from her afterward. Maybe Mr. Walker wants to comment, and then I am going to turn it over to my colleagues. But it is good to know of Ms. Boyd's experience with the VA as well and perhaps particularly with this program? With the Independent Living Program? Okay. Mr. Walker.

Mr. WALKER. Well, the American Legion has found the same things. There is not a lot of outreach with this program. And there are just a lot of severely disabled veterans that do not know it even exists. So I think there needs to be some outreach, obviously, and ILP must engage other community based services as well. But we found the same thing to be true. That the word is not out about the program that can assist severely disabled veterans. It is not known as it should be. This is why we want the removal of the cap as well.

Ms. HERSETH SANDLIN. If my colleagues would indulge me for a moment, I would like to ask Ms. Boyd then. Based on your experience, both with the VA and with PVA, what accounts for this lack of outreach? Do you have any recommendations on how we go about coordinating the sharing and facilitating of exchanging information more effectively to target and reach severely disabled veterans?

Ms. BOYD. I think one of the issues that makes it a little confusing is that you cannot apply directly for a program of inde-

pendent living. You have to first go in to the Vocational Rehabilitation Program and apply for services, and then a counselor, a VA counselor, has to make the determination that you are not currently reasonably feasible to achieve a vocational goal. So you have to go through that process first. And that may be, while everybody is familiar with the regular Voc Rehab Program, they are not that familiar with independent living because you do not apply directly for independent living.

As far as outreach activities, I think it is difficult when you have this cap for 2,500 to go and say, "We want you to increase your outreach activities but only do it to 2,500 veterans." It is very difficult. In previous years when I worked for VA we did bump up against the cap. And that was very hard to manage. And nobody was very happy with VA when they went over the cap. So we were constantly trying to do these measures, estimate each month as we got near the end of the fiscal year and got nearer to that cap, and tried to slow the process down which was very frustrating for both counselors and, of course, veterans. So I think that may explain some of the lack of outreach.

As far as recommendations I think there is plenty that could help improve the program. I believe that specialty counselors are called for, which could improve those linkages with community based programs. It is very hard, if you are a full service counsel in the VR&E program, to try to devote the time necessary for these cases with severe disabilities, and to go out and develop community resources to work with. There is just not a lot of time. It is the caseload issue. So I would, and I think PVA strongly recommends, specialty IL counselors.

I also think that more staff perhaps at the Central Office to manage the program would help. If you really want to increase the program increase the outreach activities, remove the cap, then you can expect that there will be more veterans needing to be served. And with that, I think, has to come appropriate resources.

Ms. HERSETH SANDLIN. Thank you very much. Mr. Boozman.

Mr. BOOZMAN. Thank you, Madam Chair. Ms. Boyd, we really have two things going on in the sense that you mentioned the reasons and I think that makes sense. If you have a capped program where you are bumping up against the cap then it does not make a lot of sense to go out and, right or wrong, to advertise the program. On the other hand, if you have a capped program and you know that you are going to be servicing so many individuals, you know, or about that number, unlike a lot of the other things that deal with it, it seems like it would be easier to plan your resources. Does that make sense? If you know that you are, you are going to be handling about 2,500 cases or whatever?

Ms. BOYD. I do not think it makes sense to the individual counselor out there. It can make sense from a national headquarters when you are trying to manage it. But I think it is difficult when you are managing individual caseloads and your counselors are out doing outreach. I think that is hard to manage.

I will give you an example of how hard that cap was to manage, and this was several years ago when I worked at VA and we had to monitor that cap, as I said, very closely. And we were kind of estimating how much it was increasing each month. And 1 month

it took us by complete surprise and I think it might have been the month of July. And it jumped up like 300 cases in 1 month. And it had not done that before. It put us over the cap. And then we were all in trouble for that. Was that due to just an increase in outreach activities? Who knows? But that was very hard to manage and predict. And so while you say it should be easier to manage, you would think so. But I think once you get down to the service delivery level, it is not. It is very difficult to manage that.

Mr. BOOZMAN. I guess what I am saying is you kind of know how many folks are going to be in the program. The testimony that we heard where the gentleman had so much trouble with the delivery. Where is the bottleneck in the system? Now are we playing some games where caseworkers actually, because of the cap, is there a way to manipulate that without giving services, that they push them over into the next year? Because we are bumping up? I mean, does that kind of stuff go on?

Ms. BOYD. I think you will find that there is not a VA counselor that does not want to serve a veteran. And so to answer that question VA did everything in its power not to delay services. And so, if that meant trying to provide some services under a different status, for example extended evaluation, VA counselors did everything to try not to delay services.

Mr. BOOZMAN. But in this case that we heard, I mean that is inexcusable.

Ms. BOYD. Yes.

Mr. BOOZMAN. There is no, I mean, it is inexcusable. And probably we have other cases like that, you know? So I guess I am asking, where is the problem in that? You have kind of a finite number of people that you are going to deal with. Now you might, you have the problem of not bumping over the cap. That is what I was saying earlier. It is not like we get you in a situation where, not now because you are not with the VA, but we get the VA in a situation where they do not really know what kind of funds they are going to have until late in the system and all that. But in this particular situation, you know that you are going to have this group of people to service through the system. Your only problem is trying to keep that down. Why cannot we service that many people? Where is the bottleneck in the system? And in this case, it is inexcusable. I mean, there is no way to, so where is the bottleneck in the system? And do, in your experience, do we play games? Because of the cap, do we push people, do we, does it lay on the desk sometimes for months because somehow that pushes people into the cap system? Does that make sense? As far as providing assistance?

Ms. BOYD. I understand what you are saying. And to answer that part of your question I go back to what I said earlier. I think, my guess would be that happens rarely. More likely what counselors are doing are figuring out another way to serve them without having them counted as a new case, a new IL case, until the start of the next fiscal year. I think they try very hard not to delay services intentionally. So they might, I do not know if I would call it playing games, but they might try to maneuver a different strategy to offer services without having to declare them a new IL case, would be my guess and my experience in working in VA.

Mr. BOOZMAN. But the bottleneck, like you say, the person on the civilian side says, "You need to get this rolling within a month." That is normal for, you know, the civilian side. What drug this thing on for years?

Ms. BOYD. I do not know. And it is inexcusable, as you said. I think some of the issues might be whatever was going on in that office, if there was counselor turnover. VA does have a pretty labor intensive, up front eligibility and entitlement processing that takes some time. And as I said, in the case of an IL program you cannot apply directly for that. The counselor first has to gather information and make the determination that you cannot achieve, or are not currently reasonably feasible to achieve a vocational goal. So it may be a combination of all those things. Counselor turnover, processing a heavy caseload, but in the end as you said, it is still inexcusable. And nobody would feel good about a case like that.

Mr. BOOZMAN. Yeah.

Ms. BOYD. The veteran was not well served.

Mr. BOOZMAN. Right. Thank you very much. And I appreciate your testimony. I feel kind of bad, asking you questions in the sense of your VA experience. It is good to have you where you are. I think that you are valuable in the sense, you know, now that you can see both sides. And again, thank all of you for being here. Your testimony is very helpful.

Ms. HERSETH SANDLIN. Thank you, Mr. Boozman. I would just like to comment, too. I think based on what Mr. McCartney had stated in response to the question, "Was it the counselor or the program,"his response was, "It was the personnel who were in charge of this program." So I think the other recommendation you had made was the issue of staff at the Central Office to manage these programs. While Mr. Boozman said we do not expect you to defend the VA; yet from your experience in being able to intuit what might have happened in this situation, I think there are clearly a number of factors. Also in this instance, there was an issue of accountability with the local caseworker, and the staff needed to manage the program effectively.

We have a vote that has been called, but I think we have time for Mr. Scalise's round of questions for this panel of witnesses. Then we will return after a brief recess for our final panel.

Mr. SCALISE. Thank you, Madam Chair. And I will cut it short so we can get out in time for the vote. But how long, has the cap been in place since the program started?

Ms. BOYD. Originally the program was started as a pilot program in I believe 1980. And at that time a cap of 500 was placed on the program because it was a pilot program. Then what happened is people kind of forgot about the cap, and VA went over the cap. And I believe it was in about 2,000 or something Congress called VA up and they had a discussion about the cap. And at that time VA asked for the cap to be removed. Congress wanted stronger guidelines on the program. And they did agree to increase it to 2,500.

Mr. SCALISE. So was the cap put in place purely for financial reasons? Or was it because it was a pilot and they wanted to see how it worked before they made it more open ended?

Ms. BOYD. I believe it was because it was a pilot program.

Mr. SCALISE. So now the, I mean this is going back to 1980 so I think we are beyond the pilot stages, but the cap, as you said, is not 2,500 and we are, at what point in the fiscal year, I guess they start at zero on October 1st and then when they hit 2,500 they have to stop. When do they hit 2,500 now, typically, like in the last few years since that number has been in place?

Ms. BOYD. I do not know if they have reached the cap in the last couple of years. When I worked at VA, we did bump up against it and exceed it. And it was typically about this time of year, in the fourth quarter of the fiscal year. Around July and August, it got pretty dicey. We were getting pretty close and I talked about the time where it jumped up in 1 month. And it was very hard to manage. You are trying to manage, you are trying to estimate, you know, the next month. You know, do we have to cut it off today or can we let it go a while longer? And so it was about this time of year that it got very difficult to manage.

Mr. SCALISE. When they are getting close and they know they still have a few months left where there might be light at the end of the tunnel but there are still services that are being requested, do they try to prioritize within that while they are——

Ms. BOYD. Exactly. And that is what Mr. Daley was talking about in his testimony. It was burdensome, I think, on both the VA staff and the veterans who had to wait for that. Because one thing VA did was try to make a determination at that time as to who was most in need of services. In other words, who could wait until the start of the new fiscal year and who needed the services right away?

Mr. SCALISE. How closely do your organizations work with them in making those kind of determinations?

Ms. BOYD. PVA working with VA to make those.

Mr. SCALISE. Yeah.

Ms. BOYD. I think that that is a VA determination solely.

Mr. SCALISE. Okay. And then we are this, for this fiscal year we are at the cap? Close to the cap? Where——

Ms. BOYD. I do not have that information.

Mr. SCALISE. Okay. I appreciate it and that is all I have for now, thank you. Madam Chair.

Ms. HERSETH SANDLIN. Thank you. Well, we thank you for your testimony and the insights you have offered today and we will look forward to following up with you on some of the suggestions that you have offered to the Subcommittee. Thank you very much.

We will now take a brief recess and return. Let me see how many votes; we have four votes. So it may take us a little bit of time to get back here. We will look forward to hearing from our third and final panel for the day when we return. So we are in recess for the time being.

[Recess]

Ms. HERSETH SANDLIN. Well, thank you for indulging this delay in the time. It is always hard to predict how long debate and motions to recommit will take and in this case we may have gotten back and gotten some of your testimony in during the break, but that is always very hard to predict. Also, the Ranking Member had a flight to catch as well as some family circumstances that came up at the last minute. So we will go ahead and take your testi-

mony. I will have some questions for you. Then since there are no other Members here to object, I am going to recognize counsel for the Minority if there are any questions that he would like to ask for the record that the Ranking Member may have been prepared to ask before he had to leave.

Joining us on our third panel is Ms. Ruth Fanning, Director of Vocational Rehabilitation Employment Service for the Veterans Benefits Administration for the U.S. Department of Veterans Affairs; who is accompanied by Dr. Lucille Beck, Consultant for Rehabilitation Services, National Director for Audiology and Speech Pathology of the Veterans Health Administration; and Dr. James F. Burris, Chief Consultant Geriatrics and Extended Care for the Veterans Health Administration.

Ms. Fanning, I am going to recognize you first for 5 minutes. I know we received your testimony just late last night, but it would help a lot if we can get it sooner just for future reference. It helps counsel and staff prepare. It helps Members prepare, and have a better chance to read it than the day of the hearing. We would appreciate if in the future you can get it to us a little bit sooner than this time. We appreciate you being here today, and look forward to your testimony. You are recognized for 5 minutes.

STATEMENTS OF RUTH FANNING, DIRECTOR, VOCATIONAL REHABILITATION AND EMPLOYMENT SERVICE, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY LUCILLE B. BECK, PH.D., CONSULTANT FOR REHABILITATION SERVICES, NATIONAL DIRECTOR, AUDIOLOGY AND SPEECH PATHOLOGY, VETERANS HEALTH ADMINISTRATION; AND JAMES F. BURRIS, M.D., CHIEF CONSULTANT, GERIATRICS AND EXTENDED CARE, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

STATEMENT OF RUTH FANNING

Ms. FANNING. Madam Chairwoman and Members of the Committee, thank you for inviting me to appear before you today to discuss independent living services provided by VA's Vocational Rehabilitation and Employment Program. My testimony will provide an overview, address the cap of 2,500 new independent living cases per fiscal year, and describe VR&E's efforts to improve and facilitate the delivery of these essential services. I am pleased today to be accompanied by Dr. Lucille Beck, Chief Consultant for Rehabilitation Services, and Dr. James Burris, Chief Consultant for Geriatrics and Extended Care. I would also like to voice my appreciation for the opportunity to learn from the testimony of all the prior panelists, particularly Mr. McCartney.

Independent living services may be provided to VR&E applicants when it is determined during the initial evaluation that they cannot, due to the severity of their disabilities, currently pursue a vocational goal. After this determination, each veteran participates in a thorough assessment of his or her potential IL needs. The evaluation begins with a preliminary assessment that is usually performed at the veterans' home. And during this assessment the counselor obtains information about a variety of issues. Those in-

clude housing, personal and emotional needs, leisure and vocational activities, and the ability of the veteran to perform activities of daily living. If potential IL needs are identified, a comprehensive assessment of IL needs is conducted. If the IL needs are found and it is determined that the achievement of goals is possible, the counselor works with the veteran to develop an independent living plan that outlines the goals, services, and assistance to be provided, and benchmarks that are used to determine progress in achieving greater independence in daily living.

Independence in daily living translates to the veteran's ability to live and function within his family and community either without the services of others or with a reduced level of those services. Total programs of IL services are usually no longer than 24 months but can be extended for an additional 6 months. Some IL services that VA provides include training in activities of daily living, attendant care during the period of transition, transportation when special arrangements are needed, peer counseling, training to improve awareness of rights and needs, assistance in identifying and maintaining volunteer or supported employment, services to decrease social isolation, and adaptive equipment that increases functional independence.

With the passage of Public Law 108–103, the Veterans Education and Benefits Expansion Act of 2001, the limit on the number of new IL cases per year was increased from 500 to 2,500. VR&E Service monitors newly developed IL plans monthly to track the total IL cases in comparison to this legislative cap. Tracking over the past 2 years demonstrates the ability of VR&E counselors to provide needed services within the current 2,500 statutory cap; on average over the past 3 years 2,300 new cases of IL services in each year.

Veterans with severe disabilities who participate in programs of independent living have achieved results that include increased independence, decreased isolation, decreased dependence on outside supports, enhanced family relationships, improved medication and therapeutic intervention compliance, greater community involvement, pursuit of full or part-time volunteer employment, and importantly progression from Independent Living Programs to other VR&E employment programs.

As a result of increased outreach we anticipate more veterans will participate in programs of independent living services. Also the medical stabilization of returning OEF/OIF veterans with catastrophic injuries will necessitate their participation in vocational rehabilitation programs. The aging Vietnam era veteran population and the increasing number of veterans receiving compensation due to presumptive diseases will also likely increase the utilization of independent living services.

I would just like to highlight that we have provided the field in 2005 with guidelines for the administration of the Independent Living Program. We have provided extensive training to the field in implementing those guidelines. We are currently conducting a study to obtain a more comprehensive understanding of the veterans who participate in IL Programs and this study is expected to be completed by the end of this fiscal year.

I would like to conclude, since I am running out of time, with just an illustration of a veteran who we have assisted in Vocational Rehabilitation in the Independent Living Program. A veteran with an 80 percent VA disability rating applied for Chapter 31 benefits. He had also had a multitude of non-service connected disabilities and used a wheelchair due to the difficulties he had with ambulation as a result of his disabilities and injuries. His IL goals included increasing his ability to access his home independently, increasing his ability to socialize, and enhancing activities of daily living by providing adaptive computer equipment and teaching him how to use that equipment.

Our VR&E counselor worked with a rehabilitation engineer to determine how best to increase the accessibility of the veteran's home. Based on the engineer's assessment and recommendation, VR&E provided the installation of solar-powered remote-controlled gates, on the veteran's property. Prior to installing the gates the veteran would have had to manually open and close those gates and this was difficult for him due to his disabilities. Now the veteran uses the gates daily and is able to come and go on his property without difficulty or pain.

During the veteran's IL Program, he began to interact with his community at a greater rate. He began to attend community events and he joined a couple of different social clubs. Using a computer was also very important to this veteran and he had difficulty using a computer because his injuries placed limitations on the use of his hands. The veteran's IL plan included an adaptive computer, speaking software, and private instruction to teach him how to use the equipment and voice activation software. Today the veteran is able to use the computer to take care of his finances, communicate with his family and friends, shop, and conduct research.

VR&E foresees an increased need for independent living services. We continue to assess our progress and develop methodologies and strategies to improve the delivery of benefits to these deserving veterans. Last year over 2,700 independent living participants were rehabilitated, demonstrating they had achieved the goals of their program or made substantial gains in independence as a result of VR&E services.

Madam Chairwoman, this concludes my statement. I would be pleased to answer any questions from you or any other Members of the Committee.

[The prepared statement of Mr. Fanning appears on p. 44.]

Ms. HERSETH SANDLIN. Well, thank you, Ms. Fanning. And I know at the beginning of your testimony you recognized Mr. McCartney so let me start there. Do you know when was the last time the office that Mr. McCartney dealt with was visited for quality assurance?

Ms. FANNING. I do not have that date with me but I can take that for the record and followup with you.

[The following was subsequently received from the VA:]

> The last Vocational Rehabilitation and Employment (VR&E) quality assurance oversight survey of the Atlanta Regional Office was in June 2007. A rating is not provided as a part of the site visit protocol. Instead, offices are provided specific feedback regarding management and operational issues geared toward improving the service. The Atlanta quality oversight survey included three commendable findings and five action items.

Commendable findings included: (1) effective operational management and fiscal oversight, (2) effective working partnerships with the employment community leading to increased job opportunities for veterans, and (3) effective working relationships with the military leading to strong outreach with resulting early intervention services for servicemembers exiting the military due to service connected disabilities.

Action items included: (1) suggested information technology enhancements to improve out-based counselors' access to computer systems, (2) consistency of data entry, (3) consistently informing veterans in writing regarding entitlement determinations, (4) consistency in using required worksheets for documenting evaluation and planning actions, and (5) increased frequency of case management meetings.

Ms. HERSETH SANDLIN. If you could take it for the record, and then if you could tell us how the office was rated when that quality assurance visit was conducted, we would appreciate it.

What measures are generally taken as it relates to the folks at a more local level in administering and implementing this program to assure accountability, responsiveness, and quality assurance?

Ms. FANNING. Well, as I noted in my testimony, we did prepare standard operating procedures (SOPs) for the field in 2005. And since that time we have provided extensive training to the field in implementing those policies. In addition to that, and to supplement our current quality assurance program in which we regularly monitor casework and provide field offices with feedback, we have implemented a special review of independent living cases. I believe that these are some of the most important services that we provide and we want to ensure that the field is providing the services consistently and in accordance with the guidelines that we have given them.

Ms. HERSETH SANDLIN. What about Mr. Lancaster's testimony when he stated that he felt that there should be a more formal connection, a better understanding, between the Centers for Independent Living, the national centers, and the VA's programs? Do you have any thoughts on the survey that they conducted? Any ideas for more kinds of systematic training so that there is a better familiarity between the two entities? Also, certainly as the VA does, will you continue working with the VSOs to make sure that there is constant communication and some outreach activities that occur?

Ms. FANNING. I agree with Mr. Lancaster. It is vital to our providing excellent services to veterans that we coordinate and collaborate with all community resources that are attempting to provide excellent services themselves. I first met Mr. Lancaster back in February and subsequent to that, we have met together just to start forming a relationship. We had our leadership conference for all of our VR&E managers in St. Petersburg a couple weeks ago and I had invited Mr. Lancaster to come and speak with all of our staff. Unfortunately, he was not able to join us but he helped us arrange for one of the Independent Living Center managers from Michigan to come to our conference. And she co-presented with the VR&E manager from Michigan. There is an excellent collaboration in place in Michigan. And we wanted to let the VR&E officers know about that collaboration. We provided them with all of the Center for Independent Living points of contact and locations throughout the country. And we provided them with training tools that they could take back to educate their staff about the services provided

by the Centers for Independent Living. We also have followup meetings planned with Mr. Lancaster's staff later next month.

Ms. HERSETH SANDLIN. Now let us go to some of the testimony of the second panel with regard to the statutory cap on those participating. As you know, the number of ILPs in any fiscal year at 2,500. Has this limitation caused problems in placing veterans into the program?

Ms. FANNING. I took a look at that very closely upon my arrival in my new position and in preparation for this hearing. In the last, as I said, the last 3 years the average number of veterans entering new plans of independent living has been 2,300. So at the current time we are not reaching the goal. No cases are being held and no veterans have been prevented from entering into programs of independent living.

Ms. HERSETH SANDLIN. At least those who have applied, or those who have become aware of the program through that contact with a VR&E counselor who would then be working with that counselor have applied for the program. Can you assure the Subcommittee of that universe of veterans that no one has been denied participation?

Ms. FANNING. Yes. And as was mentioned earlier, veterans apply for Vocational Rehabilitation Services not particularly for independent living. As a part of our process in screening veterans and determining entitlement, we look at whether a veteran is able to obtain and sustain gainful employment. If that is not feasible for a veteran then independent living services are explored as an option. In addition, though, I want to point out that independent living services are also incorporated into employment programs. And I think that, you know, one of the reasons that the cap is not presenting an issue for us at this time is that as a part of the training we have done over the past 2 years, we have educated the field staff about the need to look at independent living needs at every point in the process. So even for a veteran who comes in that has significant disabilities who can enter into a program leading toward employment, we look at the independent living needs we can provide concurrently.

Ms. HERSETH SANDLIN. Okay. Has that number gone up? You said 2,300 over the last 3 years. Did that number go up from the prior 3 years or 5 years? I mean, I would anticipate that in light of the serious injuries sustained by many in OIF and OEF the number would have gone up, just as we saw an increased utilization of the VA following those operations.

Ms. FANNING. At this point it has not gone up. It is actually lower than it was last year at this point in the year. Currently we have had 1,277 new IL plans written this year. And again, I think that the reason for that is that counselors are more informed as a result of training. And independent living services are being provided concurrently with job ready services. And I think that is really best for veterans. We do not want to operate in a stovepipe manner. We want to provide comprehensive services that will shorten the time of the rehabilitation program and move veterans to their goals.

Ms. HERSETH SANDLIN. Does the U.S. Department of Defense (DoD) offer you the names and contact information of any service-

members who have been medically retired or medically discharged on a timely basis?

Ms. FANNING. We currently have full time Voc Rehab counselors at 12 military treatment facilities (MTFs). We have 13 counselors at 12 MTFs. We are in very close contact with DoD, reaching out to the warrior transition units. DoD is reaching out to us as well to make sure that as veterans are coming home, and particularly veterans with disabilities, that we are there providing early intervention. Our goal is to reach veterans while they are still servicemembers, while they are anticipating discharge and going through the medical rehabilitation phase, and help them get into the Voc Rehab program. So that even while they are still active duty they can start pursuing the training or whatever services they will need to reach their goals.

Ms. HERSETH SANDLIN. Okay. Well then given how you have somewhat explained where we have been in not even reaching the cap, what kind of the comprehensive approach to delivering the services, would you be opposed to? Would the VA be opposed to increasing or removing that cap altogether, since it does not seem to really be coming into play one way or another from your testimony on delivering services to veterans?

Ms. FANNING. At this point what I can say is that the cap is not presenting any kind of barrier to us. So I could not, you know, comment as to whether it would be appropriate to remove the cap or not. I can say that as the Director of the program, it is my job to ensure veterans are getting those services and that we are not holding anyone back. And no one is being held back. We are able to operate within the current cap.

Ms. HERSETH SANDLIN. Do you know if there have been any instances, say in the last 10 years, from documentation that you have where you could provide when the requests for independent living services exceeded the cap number? The requests. Not the applications that were approved, but the number of requests?

Ms. FANNING. Well, as I mentioned earlier, veterans do not apply for independent living services when they come to Voc Rehab.

Ms. HERSETH SANDLIN. Not directly. So it has to be something that the counselor recommends? Or makes the veteran aware of?

Ms. FANNING. The counselor is required to evaluate the need for independent living services, particularly when a veteran is found to be infeasible to pursue a vocational goal. That is a requirement. And if a veteran is found to be infeasible, unable to achieve an employment goal, and independent living services are not recommended, that decision by the counselor requires concurrence from their manager. So we have extra accountability in place to ensure that we evaluate that thoroughly and provide the services to veterans who need them.

Ms. HERSETH SANDLIN. Are the counselors themselves aware at any point in time in the fiscal year what the total number is and if anyone is bumping up, if the program is bumping up against the cap? Or is that something that is known only by those in managerial positions?

Ms. FANNING. We make the field aware on a monthly basis exactly where we are in relation to the cap.

Ms. HERSETH SANDLIN. Overall.

Ms. FANNING. And we do that for two reasons. One, because we want to keep independent living, the need to develop independent living services and plans in everyone's mind. We talk about it on every single hotline call. We also as a part of that let them know how many plans we have had thus far in the fiscal year. On the hotline managers are invited, and in my experience in most offices or at least many offices, their staff are in the room as well during call. The call is intended to provide them with a lot of communication and information about their ability to work within the program.

Ms. HERSETH SANDLIN. Do you have information that you could share with the Subcommittee that documents the number of instances in which a counselor recommends participation in ILP for the veteran but then that decision is overridden by a manager? Not specific cases, but overall, do you track that type of information?

Ms. FANNING. I do not, we do not track when the decision is overridden, no.

Ms. HERSETH SANDLIN. Let me just ask couple of questions here more generally to VR&E. The 2004 VR&E Task Force stated, "VR&E's best efforts regarding employment of veterans resulted in only 10 percent of those participating in the program obtaining employment." The Report also states that VR&E averaged only about 10,000 a year for several years. Do you agree with the Report? What has been VR&E's average on getting people employed?

Ms. FANNING. Our rehabilitation rate currently is 74.6 percent. And the way the rehabilitation rate is calculated is based on those veterans who have received planned services that will lead toward rehabilitation. So of those veterans who are provided a plan of services, whether it is independent living or employment, who exit the program during a given year, 74.6 percent currently are exiting as rehabilitation. The 10 percent number based on overall participants includes, our current overall participants, which is over 94,000. Our applicants this year were around 60,000. So you can see that there is a lot of cross over from prior years. So to just look at the number of overall participants, that moves from year to year because services can extend. For example, independent living services can be for up to 30 months. It does not provide a good estimate of the success. What we look at are those veterans who actually get to the point of a plan being developed and enter into a plan, and then exit from the plan during a given year. And that is a success rate that measures, actually, those individuals who provided concrete services to assist them, either to maximize their independence, or to become employed, or both.

Ms. HERSETH SANDLIN. Well, I appreciate that explanation of the calculation and I certainly understand the importance of having identifiable measurements. Just a couple more questions before I turn it over to counsel to see if there are any further questions that are specific, again, to ILP. In fiscal year 2007, the VA Secretary stated that VR&E anticipates a steady increase in the demand for ILP services over the next 10 years. My questions are, can you tell the Subcommittee today how the VA proposes to meet that increase over the next 10 years? Are you going to need more funding and personnel? Are there any internet technology issues or concerns we

should be made aware of that would facilitate the delivery of the services your program provides?

Ms. FANNING. Well, we have been very fortunate to have the support of Congress in providing resources to us. Currently our caseload has decreased to the point of what we consider, what has been considered the ideal level, that being——

Ms. HERSETH SANDLIN. What is that?

Ms. FANNING. One-to-125 ratio. And currently we are about 1-to-121 ratio. We are actively doing outreach. If we get more veterans enrolled into our program, I think that is a very good thing. I think it is a very robust and excellent program that provides good services. And I trust that if we need more resources and our caseload starts to grow that that will be taken care of and we can let, I can let my leadership know and communicate with Congress. You know, at this time I think we are equipped to provide services and we are equipped to bring more veterans onto our rolls.

Ms. HERSETH SANDLIN. Well I would like to say I would like to hope that you could count on that support. I do think, however, that we are going to have to dig a little deeper and get some additional information from you. Some of the questions that we will give you following the meeting for the record, you may have readily available or they may just give you some ideas on what could be tracked to kind of help us understand a little bit better how this program is working and being administered. The final two questions, and this is sort of along that line. I know we talked, again, the cap and where you have been, about 2,300. How many veterans, in fiscal year 2007 were recommended for ILP? I know you said they do not apply, but this is what I really want to get at because I think Mr. Boozman had some of the same questions about the influence of the cap. This number has a potential influence for making decisions about the cap. Do you track or can you provide the total number of veterans who in fiscal year 2007 were recommended for ILP? And then the breakdown of those that were recommended? How many applications were approved and how many were not?

Ms. FANNING. I do not have the data with me. But I, what I can break down is how many veterans were found infeasible and of those which veterans were provided independent living services.

Ms. HERSETH SANDLIN. Okay. Let us start with that. Okay. One last question, according to the audit, a Vocational Rehabilitation and Employment Operations Report, in fiscal year 2006 the cap was underutilized, which I think you have also documented for the past 3 years. We have been at 2,300 so we have 200 cases there that could be added. But that audit also indicated that it found that services to the veterans were delayed. Clearly we heard Mr. McCartney's experience in terms of the delay and lack of responsiveness. Do you have any idea of the timeliness of any responses whether before you came on board or whether your predecessors addressed it? Or how you may have addressed that report, that might have been specific causes of such a result? You do not need to address the underutilization. I think you have done that already. But what about any delays in those services for the VR&E operation in general?

Ms. FANNING. Well, first I would like to say that the delays that Mr. McCartney experienced are unacceptable. And my hope is that we dig in, and we are doing, as I said, special independent living reviews as a part of our quality review process, and that his situation is not typical of what we will find. And the reason we are doing the reviews, however, is to look for situations just as he described so that we can take corrective action if it does occur. I am sorry, repeat your question?

Ms. HERSETH SANDLIN. Well I think submitting any information about delays, since we do not know if there was a quality assurance visit down to that particular office. I understand from your testimony that you are stating that Mr. McCartney's experience is not the typical one. But when you do see delays in service, have you been able to identify any specific causes for that? Has it been in the past that Congress was able to allocate additional resources when the caseload was too high? Is there a lack of sufficient staff in the Central Office overseeing and monitoring the Program? A lack of the linkages with the community organizations that can help address that specific veterans' employment and independent living needs? Have you been able to identify any specific causes for delays?

Ms. FANNING. Well, certainly I think providing the standard operating procedures, providing guidance from the Central Office level, was done in recognition of the field being primarily focused on providing employment services, and the rate of independent living being so much less that obviously the counselors would have less expertise in the independent living area. So we have tried to mitigate that and correct that by providing the SOP and extensive training. We have added an Independent Living Coordinator in Central Office after the task force recommendations were released. And since I have arrived, we have added a second person. Because we found that that expertise has been very valuable to the field. They need someone who they can come in to for expert advice. And also, we need folks we can send out on quality site visits to really take a look at independent living services in various field offices as we go out to do those reviews.

In terms of any delays, I think as one of the previous panelists had mentioned, caseloads or staffing shortages could certainly play a role in an office if that is present, if they have shortages. Over the last few years, the caseload size gotten more into the appropriate realm in terms of what was considered ideal as a result of being able to enhance staffing. The Independent Living Program, getting a plan started itself, does take a little bit longer because during the entitlement process when the counselor completes the entitlement and determines that the veteran is not feasible to pursue employment, then a second tier of evaluation occurs. We do a comprehensive independent living needs assessment. As I mentioned earlier, that is done in the veteran's home. It can involve expert advice from rehab engineers or other folks with expertise, depending on what the veteran's needs are. Unfortunately, even though that is very needed in order to identify appropriately what the needs are and the services, that does add additional time.

Ms. HERSETH SANDLIN. Mr. Brinck, did you have any questions?

Mr. BRINCK. Thank you, Ms. Chairwoman. Ms. Fanning, Sergeant First Class McCartney mentioned several names of friends of his who were disabled veterans seeking ILP services. Would you get those names from him? Mr. Boozman has asked that you get those names and provide us with the status of each of those cases, if you would, please.

[The following was subsequently received from the VA:]

> The information requested is of a sensitive nature and is being provided under separate cover to the Chairwoman and Mr. Boozman.

So as a follow on to the Chairwoman's last question, what is the average time it takes to complete the evaluation and independent living plan?

Ms. FANNING. Currently the average time for evaluation and planning is 105 days.

Mr. BRINCK. Nationally.

Ms. FANNING. Nationally. And that is in in line with the target for the field, which is also at 105 days.

Mr. BRINCK. And the Savannah satellite office, do you have data on them?

Ms. FANNING. I do not.

Mr. BRINCK. Can you provide that for us in terms of caseload and average time to complete the plans?

Ms. FANNING. I can provide information about the Atlanta Regional Office, which covers all of Georgia. I do not know if I can provide specifically information about Savannah. But I will take that for the record.

[The following information from VA was subsequently received:]

> VR&E Service conducted a site visit in June 2007 at the Atlanta Regional Office (RO). The Savannah outbased office was not visited, but the site visit report indicated the Atlanta RO was performing well overall. At that time Savannah had three case managers and an average caseload of 142 each. Savannah currently has four case managers with an average caseload of 110 each.
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> In FY08, the average number of days a case was in evaluation and planning status for the Atlanta office was 93. The FY08 target was 105 days.

Mr. BRINCK. All right. Thank you. One final question, do you have an estimate, in your testimony you of course stated that you had not bumped up against the cap for the last couple years. But a little later on you mentioned that there were possible influences that may increase the requests for IL services. Do you know, do you have an idea of what the cost would be to remove the cap? Or to put it another way, what is the cost for, an average cost per IL Program participant?

Ms. FANNING. Currently the average cost of an IL program is approximately $11,000. I do not have costing on removing the cap. That is something I would be happy to take for the record.

[The following information from VA was subsequently received:]

> Because we are not currently exceeding the cap, no cost would be associated with removal of the cap. If workload increases in the IL program, historical costing data would be utilized to calculate the increased cost to fund the IL program:
>
> - FY2006—$10,500 average cost per IL case
> - FY2007—$11,545 average cost per IL case
> - FY2008—$12,640 average cost per IL case

Mr. BRINCK. Thank you. Thank you, Madam Chairwoman.

Ms. HERSETH SANDLIN. Thank you. Well, thank you for your testimony and for your responsiveness to our questions today. We will look forward to working with you to get some of the additional information we have requested for the record. We thank both Dr. Beck and Dr. Burris for joining you as well and the Committee staff and counsel, as well as the Members of the Subcommittee. We look forward to working with all of you, as well as those that testified previously. Thank you for your patience and for taking the time. I know votes have a tendency to slow us up in the afternoon hearings that we have. We really do value your expertise, your insights, and your service to our Nation's veterans and the work that you are doing. Again, thank you, the hearing stands adjourned.

[Whereupon, at 4:27 p.m., the Subcommittee was adjourned.]

A P P E N D I X

Prepared Statement of Hon. Stephanie Herseth Sandlin, Chairwoman, Subcommittee on Economic Opportunity

Today's hearing will give the Subcommittee the opportunity to learn more about the Department of Veterans Affairs Vocational Rehabilitation and Employment's Independent Living Program and how it is assisting our veterans in a seamless rehabilitation into family and community life.

As many of you know, the goal of the Independent Living Program is to ensure that eligible disabled veterans are able to maintain maximum independence in their daily living by developing learned skills that may benefit them for future employment. Some of our panelists might recall that this Subcommittee held its first hearing back in March of last year that gave our new members the opportunity to learn about the programs under our jurisdiction. One such program that was considered was the Vocational Rehabilitation and Employment, but today we are here to specifically review the Independent Living Program.

As we will hear from our panelists, many of our most severely disabled veterans' lives have been profoundly changed for the positive as a direct result of these independent living services. Unfortunately, members of this Subcommittee have also heard from veterans that have raised concerns that VA staff is poorly trained to properly refer veterans to available resources, mismanagement of claims by VA personnel that causes a delay in service, and need to increase the current statutory limit of 2,500 annually.

Earlier this year, we have received a letter from a veteran who urged the full Committee Chairman to consider reviewing independent living services for veterans with chronic and severe post traumatic stress disorder. Specifically, this veteran would like to see an expansion of independent living services to provide Operation Iraqi Freedom and Operation Enduring Freedom veterans with opportunities for employment services that can also benefit older veterans who have service-connected psychiatric disabilities. I am interested in hearing from our panelists about this and other suggestions to determine how we can best serve all our veterans, especially in light of the Department of Veterans Affairs Office of Inspector General's report dated December 17, 2007.

A few of the issues of concern raised in this report include:

- VR&E rehabilitation rate calculations and information on total program participations and outcomes were not fully disclosed in the VA Performance and Accountability Report;
- the 2,500 statutory cap was underutilized in fiscal year 2006 and services to our veterans were delayed; and
- the VA should effectively monitor the number of new Independent Living participants and detailed information should be provided to Congress for review.

It is very important that we examine these concerns, especially at a time when the VA Secretary recognizes an increased need for independent living services over the next 10 years. Today's servicemembers are returning with Post Traumatic Stress Disorder, Traumatic Brain Injury, amputations and severe burns that would have been fatal in previous conflicts.

Congress must continue to reexamine the development and results of this program to provide the best services in a timely manner. The men and women who serve our Nation honorably deserve and should receive the best our country can offer.

I look forward to working with Ranking Member Boozman and Members of this Subcommittee to explore how we can improve the VA's Independent Living Program for our servicemembers and veterans.

Prepared Statement of Hon. John Boozman, Ranking Republican Member, Subcommittee on Economic Opportunity

Good afternoon. Madam Chairwoman, I think the first order of the day is to thank both members of our first panel for their service. I believe both Mr. Lancaster and Mr. McCartney are service-disabled veterans of the Vietnam War and they honor us with their presence here today.

Madame Chair, I believe you and I would agree that VA's Vocational Rehabilitation and Employment program should be the crown jewel of programs for disabled veterans. The program is generous in its benefits and the law provides the VR&E staff with wide latitude in determining who qualifies for the program. It is important to note that employment is the goal of the VR&E program and for the vast majority of those who participate in the program, a job is reasonable and achievable.

Unfortunately, for our most severely injured, employment is sometimes not an option so the VR&E program includes independent living services for those who cannot work because of their service-connected disability. Such a program is "*designed to enable such veteran to achieve maximum independence in daily living" and VA may contract for these services with qualified providers.*

Title 38 defines "*independence in daily living" as, "the ability of a veteran, without the services of others or with a reduced level of the services of others, to live and function within such veteran's family and community*." That is a fairly broad definition and I would hope that Ms. Fanning would describe how her staff determines what fits within that definition.

I want to make a point about one way we judge the program's performance. As an example of the difficulty we face in using VA data to determine the program's performance, I would call your attention to the latest VBA Annual Benefits Report. On pages 77 and 84, the report shows 884 veterans receiving independent living services and on page 86 the data shows 949 participants and 2,957 veterans rehabilitated. Clearly, the inconsistency between the number of participants and the number of those rehabilitated as well as the two different amounts of participants does not give us a clear understanding of how the program is doing.

Finally, I am glad to have Mr. Lancaster, Executive Director of the National Council on Independent Living with us today. I understand that the National Council on Independent Living is not represented on the Secretary's Advisory Council on Rehabilitation. It seems to me that NCIL should be a member of the Committee because of their broad experience in independent living and I urge Secretary Peake to invite NCIL to become an active member in his advisory Committee.

I yield back.

Prepared Statement of Bruce McCartney, Midway, GA (Veteran)

Executive Summary

I enrolled in the VA Independent Living Program (ILP) in November 2003. Four plus years later, after constant emails, phone calls and inquiries, the process was completed.

Many other disabled veterans (Vietnam and OIF) are having similar issues as the ones I faced trying to get assistance with the ILP. The issues appear to be lack of understanding of the program by local case managers, lack of transparency (where is the paperwork in the process), lack of assistance (took months to get a reply), lack of oversight and auditing (took over 4 years to complete this application and that does not include a proper post-project dialog) and pass the buck syndrome (inquiries to higher command are met with auto reply emails/letters that led to no solutions).

The issues with ILP appear systemic as the Director's office, The Inspector General's Office, Regional Headquarters, and local case managers either can not provide adequate answers to the veterans they are assisting or do not respond to inquires for assistance.

The ILP is a great concept, but is poorly advertised and has weak follow through; much like a train that has to be pushed by its passengers.

My name is Bruce McCartney. In 1986 I was medically retired from the United States Army under Chapter 61 after 17½ years of active duty service. I served four tours in Vietnam as a DUSTOFF and combat medic. It was my job to go to the wounded soldier who'd walked into a mine or was laced across the gut with an AK–

47 and try to keep them alive until we could get them to the hospital. I wasn't always successful, but more often than not death was cheated of another victim.

There seemed to be little trained and experienced assistance available to transition the disabled combat veteran from military service to civilian life, although today that appears to be vastly improved. On the 15th of January you're a HERO, on the 16th of January you're a ZERO unaware of the myriad of programs available from the VA to assist your broken body and soul. To try and regain some semblance of normalcy to a life that was disrupted by the bane to mankind we know as war was relegated to fate. If, per chance, you met or heard about a veteran who had acquired a particular VA service or program then you applied. Other than that, there was not much assistance offered by many of the VA counselors or employees.

I am one of the fortunate. Or so I thought. Had I known when I applied for the Independent Living Program (ILP) in November 2003 that it was leading me head-on into a 4 year nightmare that would affect me both mentally and physically, I would not be testifying before this Committee.

In 1990, I was advised by the Savannah Vet Center to apply for Voc Rehab services. I met with a case manager, was aptitude tested and advised to seek a vocation as a teacher or registered nurse. With my experience in combat medics he recommended the nursing course. Unfortunately, due to my disabilities, my education was sporadic at best and disruptions were the norm. After many counseling sessions with him his final statement (in 1995) to me was, "if you ever get straightened out, come back and see me." I languished for years outside the VA system, much like untold numbers of disabled veterans even as we speak.

October 2000, fate knocked on my door. It was during the filming of the documentary ***"In The Shadow Of The Blade"*** that I was reunited with my friend and fellow DUSTOFF medic from Vietnam, Jake Bailado. He told me about a cousin who was also a disabled Vietnam veteran who applied for ILP. They assisted him in obtaining a small tractor to help him work his farm.

After several years of continuous treatment with a civilian therapist, I met with Voc Rehab counselor Tina Hutchison in Savannah to apply for ILP. My goal was to see if VA could assist me in obtaining an interest free loan to replace my antiquated tractor so I could cultivate my 9 acre property. Ms. Hutchison advised me that my goal was out of the question, but ILP would in fact assist me with acquiring a greenhouse.

The following is a 4 year recap of my ILP gone awry:

Nov 03—Met with VR&E counselor (Tina Hutchison) in Savannah, GA. Applied for Independent Living Program (ILP).

1/26/04—Got email reply saying 'wheels in motion.'

3/2/04—Requested situation report (SITREP).

5/5/04—Received reply to the above request (almost 2 months to the day) 'I have contacted an ILP contractor to come to this area and do an ILP assessment for 3 vets, including you. . . .'

6/23/04—Interviewed with Jennifer Johnson, ILP contractor from Atlanta.

6/24/04—Provided email response to Johnson's request for more info.

7/27/04—Received email request for a SITREP from Johnson.

7/27/04—Replied to above from Johnson. 'I sent my report to Tina Hutchison several weeks ago. Now it's in the hands of Tina. . . .'

12/20/04—Received phone call from Hunter Ramseur (another VA consultant from Atlanta who figured he'd get some interviews done while in Hilton Head Island, SC). He came to the house for interview. Hunter requested some documents with a promise to return them upon his arrival to Atlanta. Have yet to receive them.

3/4/05—Telephonically requested SITREP from Hutchison. Her reply—'just got new guidelines, will know something very soon'. Also advised her about documents given to Ramseur not returned. Hutchison promised to get in touch with him and have them returned.

5/16/05—Emailed Hutchison a request for SITREP. Also advised her still nothing back from Ramseur.

9/22/05—No contact from anyone (VA or consultant) for more than 6 mos now since telephonic conversation 3/04/05. Emailed Hutchison a request for SITREP.

12/5/05—Still no contact from anyone. Emailed Hutchison. 2nd anniversary has now come and gone. Is there really an IL program? Is Hutchison still working in Savannah? Hello. Is anyone out there?

12/6/05—Emailed complaint to Inquiry Routing & Information System (IRIS).

12/6/05—Received email from Hutchison. 'sorry . . . have scheduled appointment for 15 Dec.'

12/7/05—Receive response from IRIS above. "after discussing your case with Ms. Hutchison, she reports that due to her current caseload it has been difficult to complete a specific proposal for your ILP and meet other demands on her time. She now has the information from the 2 contractors. . . ."

12/7/05—Replied to Ms. Hutchison email '0900 will be fine.'

12/15/05—Arrived in Savannah VA office at 0850 for appt. Checked in with front desk. At 0930 Ms. Hutchison asked if I have an appt. Felt like another bs meeting. Was given another orientation sheet (NOTE: orientation sheet is given to all first time VA applicants). Told me Hunter had recommended concrete floor greenhouse with elec/water/etc. Now she had all the recommendations she would forward to whomever to get final approval.

2/2/06—Emailed MS. Hutchison asking for SITREP.

2/7/06—Sent another inquiry to IRIS again—no reply.

2/21/06—Sent another inquiry to IRIS about 2/7/06 inquiry.

2/22/06—Received reply from IRIS. ". . . request has been sent to Mr. Ramseur to provide information . . . I encourage you to keep in contact with Hutchison. . . ."

2/23/06—Responded to IRIS's response. ". . . after I met with Hutchison 15 dec she told me she had ALL the paperwork she needed . . . and I have sent Hutchison 10 emails with only 2 replies and 3 phone messages—0 returned. . . .

2/24/06—Emailed Hutchison with the information outlined in IRIS response of 2/23/06.

2/24/06—Received email from Hutchison stating she had contacted Ramseur (AGAIN?) for the info from him.

2/27/06—Received followup from IRIS. "she is communicating with you directly . . . please continue to work with her to complete a plan of service."

3/27/06—Emailed Hutchison requesting SITREP—"we are going on just about 2½ years since this process was started and I think that's a little excessive."

3/31/06—Received email from Hutchison. "Proposal has been sent to Atlanta for review/approval . . . am looking primarily at the 8′ × 10′ size range. . . ."

4/1/06—Replied to Ms. Hutchinson email acknowledge receipt of her email of 3/31/06. Requested copies of Johnson/Ramseur reports. **1st request** for Johnson/Ramseur reports.

5/11/06—Emailed Hutchison for SITREP and **2nd request** for Johnson/Ramseur reports.

5/19/06—Received email from Hutchison "final approvals have been received. I am looking for providers and contractors. . . . Request for information from your file have to go through the freedom of information office in Atlanta and must be in writing. If you need I can get you an address."

5/19/06—Emailed Hutchison for address. **3rd request** for Johnson/Ramseur reports.

6/6/06—Since received no reply with address, sent written request for information from my file to Ms. Hutchison office via certified mail. **4th request** for Johnson/Ramseur reports.

6/7/06—Ms. Hutchinson's office received certified mail on 1:55 pm, June 07, 2006 per USPS.

7/28/06—No reply in over 60 days. Emailed Hutchison again for information/address. **5th request** for Johnson/Ramseur reports.

7/28/06—Received email from Hutchison "I'm off on Monday so I will call you on Tuesday."

7/31/06—Stayed in-house all day to receive call. Call never came.

8/1/06—While at a doctor's appt, Ms. Hutchison calls and leaves msg, "I'm returning your call."

8/2/06—Emailed Ms. Hutchison again ask for SITREP and status of requests for Johnson/Ramseur reports. **6th request** for Johnson/Ramseur reports.

8/7/06—Emailed Hutchison "did you forward the request for consultant reports I sent you—**7th request** for Johnson/Ramseur reports.

10/30/06—Met with Congressman Barrow's Legislative Assistant in Savannah regarding lack of response with VA ILP.

10/30/06—Upon return from Congressman Barrow's LA called VR&E Regional office in Atlanta. After short recap of situation, was advised to FAX a request for another voc rehab counselor if I was unhappy with Ms. Hutchison. With that answer it appeared to me the problem was not only with Hutchison but in fact was systemic (approx 3 years of issues with no real answers from VA counselor, IRIS, and ATL regional office).

10/30/06—Mailed request IAW FOIA to VR&E Regional office, Atlanta, GA. This is the same request asked of Hutchison on 7 previous occasions (via cert mail).

11/6/06—Mailed entire 40+ page packet of entire experience with ILP to VA Inspector General (IG).

11/9/06—Certified mail delivered Decatur VR&E office 7:47am, 11 NOV 06.

12/12/06—Received phone call from Congressman Barrow's LA. Says he was advised that since some of my disability is for PTSD, VA will not release any information from my files to me, but will release them to my therapist.

12/12/06—Advise Karla Hillen (therapist of 7 years) of situation. She requested I sign release of records form. Went to her office and sign forms.

12/13/06—Therapist requested release of info from Hutchison/regional office.

1/26/07—Received call from Ms. Hutchison. Says got final approval (**AGAIN???**) and is going to turn entire packet over to Hunter Ramseur when he comes to Savannah next Tuesday. He will again come out to house for prelim survey, negotiation and coordination for project completion. Additionally she states she will mail me documents for signature/return. . . .

1/29/07—Received packet from VA IG. "Unfortunately, we are unable to take action on your correspondence as it is unclear exactly what you are alleging and why you are requesting OIG involvement. We ask that you summarize the 48 pages. . . ."

2/5/07—Received call from therapist. They've received Johnson/Ramseur reports. Received 11 pages via fax. Both reports recommendation similar. Still no word from Ramseur. Included is application approval from Grant Swanson VR&E Regional Office. **DATED 4/3/06. NOW ALMOST 1 YEAR SINCE APPLICATION WAS APPROVED WITH STILL NO ACTION BEING TAKEN; 3 YEARS PLUS SINCE INITIAL APPLICATION WAS SUBMITTED.**

2/15/07—Haven't heard a word from Hutchison or Ramseur. Received nothing in mail from Hutchison. Will fax summary back to IG office today.

2/15/07—Faxed summary back to IG office.

2/19/07—Johnson/McCartney/Singleton (another veteran having problems with ILP) met with Congressman John Barrow in his Savannah office. This and other veteran issues are discussed. Congressman agreed to provide letter of endorsement on package to be sent to veteran affairs committee members.

3/1/07—Received email from Ms. Hutchison asking if I received paperwork she allegedly mailed for signature/return.

3/1/07—Replied to Ms. Hutchison's email "on 1/26/07 you stated Ramseur would be picking up packet and would be in contact with me. Also that you would mail documents for signature. I have not heard from Ramseur or received anything from you."

3/2/07—Ms. Hutchison read above email (according to Read receipt on email).

3/18/07—Received letter from IG. 'We have opened a case. . . .

4/3/07—**NOW ONE YEAR ANNIVERSARY OF APPLICATION APPROVAL FROM ATLANTA (4/3/06) AND STILL NOTHING.**

4/12/07—Received call from Ramseur stating he was just given case file and would like to come down to meet getting the project underway. I asked him why it took him so long to get in touch he wasn't sure to what I was referring. Then I advised him that on 26 Jan 07 Hutchison called me and advised he would pick up my packet from her in be in touch shortly. He assured me he had no such knowledge thereof and in fact had just been contacted by the Director to take over this project and get completed ASAP.

4/16/07—Receive letter from L.R. Burks dtd 4/10/07 apologizing for the delay and provided excuses for what had (actually had not) transpired. Stated that procedures were put into place to prevent future occurrences.

4/18/07—Replied to Burks letter.

4/24/07—Received reply from Burks ". . . respond more rapidly more effectively to your needs as well as other veterans. . . ."

SEE ALL EMAILS FOR UPDATE.

12/3/07—1405 hrs, Received message on answering machine from Amy Thompson, assistant VR&E director in Atlanta.

12/3/07—1520 hrs, Returned call and left msg on voice mail.

12/4/07—0810 hrs, Returned call and left msg.

12/4/07—1030 hrs, Returned call and talked to Amy. She stated she would like to help me address some of the concerns I addressed to Director Fanning. Gave a recap and sent her copy of my recap. She will read and call back.

12/4/07—1710 hrs, Amy calls and again apologize for shoddy treatment. States one thing for certain "authorization for payment for electrician was completed today and he should receive payment in 7–10 days." I find this incredulous because I have email from Hunter Ramseur 11/16/07 stating the same thing. APPARENTLY SOMEONE IS NOT DOING THEIR JOB AND TELLING FALSEHOODS TO COVER IT UP . . . AGAIN . . . Sent copy of Hunter's email to her. She explained that apparently someone doesn't understand the payment process is a 2 step process—Step 1 Approve at Regional Office. Step 2 Forward to Austin for payment. SEEMS TO ME IN ALL ACTUALITY IT'S A 3 STEP PROCESS. Step 1 Approve at Local Office. Step 2 Approve at Regional Office. Step 3 Forward to Austin for payment. Not withstanding. Why does it take 50+ days to process an invoice for payment?

And another question. First email from Hunter is 10/26 stating invoice for Robinette is at the Regional Office for processing. . . .

Author's note: It appears Director Fanning has requested an in-house investigation to address the problems I outlined to her. I really believe it's going to take an upper echelon visit to look into not only what I addressed, but really come down and open this Pandora's box. Who knows how many veterans are affected by this malfeasance. The Regional Director L.R. Burks told me in his last letter that all problems had been addressed and corrective actions taken to preclude further occurrences. Apparently that is not true.

Amy Thompson called veteran Singleton 12/3/07 and states she couldn't find his records but would call him back. 12/7/07 Vy, clerk in VR&E office, called him back and stated Amy was out of office. Also stated she couldn't find his records but would call him back Monday 12/10/07 to talk again.

12/27/07—Sent Thompson an email inquiring as to whereabouts of $$$$$ 7–10 days from Dec 4th makes Dec 18th. Is someone lying again?

1/25/08—Received call from Grant Swanson . . . tries to justify (we process thousands of pieces of paper yearly and occasionally one falls thru the crack . . . this ENTIRE case has fallen thru the crack repeatedly.

Asks to get copy of Robinette invoice (invoice for the electrician). I faxed to him. Grant stated that I am trying to be a surrogate in-between Robinette and the VA . . . Amy, deputy director VR&E, stated that I or Robinette should contact Finance directly and thus, made me a surrogate in her last email. . . . I never

talked to finance, but sent a followup letter to Ruth Fanning and Congressman Filner. Isn't this VR&E's job to ensure that the contractors get paid? Says doesn't know if there's anything that can be done but will try . . . my thoughts . . . SOMETHING WILL BE DONE . . . it was still in excess of 30 days when I PAID him.

* All emails and correspondence available upon request. Approximately 80 pages.

Nearing project completion, another roadblock to completing my ILP project develops at VA Regional Office. Contractors who complete work are not being paid according to their purchase order contracts. 30 days then 60 days pass and still no payment for services rendered. Having worked with these contractors, been the recipient of their services, and having developed a relationship with them, morally I just could not sit idly by. I took out a line of credit loan and pay them, which they returned when they were finally paid by VA. Three contractors, one ILP project, all not paid as contracted. Then, instead of correcting the situation, I am chastised by the Regional office and Director Fanning's office for 'interfering'. I can sleep at night though. However now there are three contractors who will never work for VA again.

During my ordeal I met several disabled veterans who also needed and were qualified for the ILP. I urged them to apply, but seeing the difficulty I was having and how it was affecting me physically and mentally they opted to wait see if in fact there was an ILP. It just wasn't worth their well-being to go through what I was going through. I had to agree with them.

Once work was finally begun in April 07 and I shared with them the correspondence from the Atlanta Region Director, L.R. Burks, highlighting the changes that were made to prevent future occurrences, did they apply for ILP. Unfortunately, it appears Director Burks was only paying lip-service to quiet this vet, for the same problems I encountered are still being encountered by disabled veterans as we speak.

Disabled 101st Airborne trooper Donald S. went to the Savannah Outpatient Clinic (OPC) in mid April 07 to obtain an application for ILP services. He was given VA Form 28–1900, completed and mailed it to VA regional office as instructed. In August, after no contact, he called the VA regional office in Atlanta and subsequently received a letter from that office stating they had received his application. Shockingly they also stated he would have to complete VA Form 28–1900 before any action could be taken. I'm curious how many VA Form 28–1900's have to be completed before action is initiated? In November he called again to determine status. He was advised that a query was sent to St. Petersburg for his records. The response to his question asking whether or not they would follow up was answered with "we'll just wait for them to respond, but you can contact them if you wish; here's the phone number." He did their work by calling and was told that office had received nothing from Atlanta.

Also, 100 percent-disabled 1st Cav, Silver Star (2 awards) recipient James Johnson obtained, completed, and submitted VA Form 28–1900 in April 07. In January 08, after no response, he again went to Savannah OPC for another form. He was advised by a case manager it was best to complete the application via the Internet. He stated he would rather have a paper copy to take home for completion and submission. He was then asked "what, are you computer illiterate?" Becoming extremely frustrated and agitated, Mr Johnson informed the case manager that he was partially blind from 14 glaucoma operations and wanted a paper copy. Only then was he provided same.

Just recently, February 08, disabled vet Larry Bacon applied for ILP due to his disabilities. Just several weeks ago he had an appointment with his case manager, Steve Goist. This case manager advised this disabled vet that according to his records Mr Bacon was unable to be gainfully employed. Since Voc Rehab was designed to get vets back to work there was nothing he could do for him. Mr Bacon told this case manager he was aware of his inability for conventional gainful employment and had applied for ILP. Mr Goist stated he "would see what I can do and let you know." Of course, this is yet another disabled veteran who is expecting to never hear from VA again.

Iraq veteran Santiago, a double amputee, was out briefed by a VA counselor on Fort Stewart. He was told to apply for Voc Rehab. As a result of his disabilities Voc Rehab was not a viable option. I met him recently and thought he was a good candidate for ILP. He had absolutely no knowledge of ILP and told me of his out-processing experience by VA. When I called and inquired about ILP with the VA representative on Fort Stewart who was responsible for providing guidance to medically discharged combat veterans, I was told ILP was "some sort of medical thing and

I should call the Charleston Medical Center for information." She did provide me with their phone number though.

Fortunately when a staffer from Director Fanning's office was informed of the first two cases I described in January 08 a phone call was placed and immediate attention was provided for these two disabled vets. Should disabled veterans like Bacon, Santiago, Potane, Baker, Frank, Foster, and others have to make that same call to receive the benefits they paid for with their blood? Many of these vets and others have opted to just give up. THE SYSTEM IS BROKE. Director L.R. Burk, your promises of change weren't worth the paper they were written on.

These are just a couple of disabled veterans I happened to come in contact with. The repeated experiences mirror each other. How many other untold numbers of disabled vets need advocates, to get the VA to do their job?

As I network with other disabled veterans and encourage them to apply for their ILP, a benefit which they earned with their broken body and sometime spirit, I realize that not one iota has changed. Delays, failure to respond to emails, conveniently "lost" paperwork, and unreturned phone messages are the rule rather than the exception. THE PROBLEM IS SYSTEMIC, from the Director's office, the Inspector General's Office, to Regional Headquarters, down to local case managers.

After meeting several disabled veterans from South Carolina, I soon realized the problem is worse there. After contacting the Regional offices in Charleston and Columbia I'm told by both that "most disabled vets aren't qualified for ILP" and "we process very few ILP's." This makes me believe the South Carolina ILP program is worse than what is being experienced in Southeast Georgia. A repeated inquiry to Director Fanning's office to determine the number of ILP's in Georgia and South Carolina is ignored.

Perhaps this Subcommittee can obtain information Region by Region to determine where the most severe problems exist. And believe me there are problems. Malfeasance is being overlooked daily while consequences of ineptitude are being suffered by many disabled veterans.

Many years ago, in the rice paddies of Vietnam, I aided the wounded. Now these many years later I have vowed to advocate for these my wounded brothers yet again. However, it has become a formidable task that needs Congressional involvement. As American veterans both young and old have fought for you, we need you to fight for us.

Thank You.

Prepared Statement of John A. Lancaster,
Executive Director, National Council on Independent Living

Executive Summary

The National Council on Independent Living (NCIL) will provide testimony regarding Independent Living and the current services within the Veterans' Administration Vocational Rehabilitation and Education's Independent Living Program (ILP).

The National Council on Independent Living is the oldest national cross-disability, grassroots organization run by and for people with disabilities.

Centers for Independent Living across the country are assisting veterans in navigating the VA system, obtaining housing, and personal assistance services, and are providing information and referral.

Centers for Independent Living want to collaborate actively with the VA. Centers have asked for more funding to be allocated to help assist the VA in providing essential and timely services to veterans and their families.

Centers in Alaska, Minnesota and Michigan are working with their communities to make sure our veterans are receiving the proper supports to reintegrate into their communities.

Centers for Independent Living have been focusing on one-on-one support to assist people with disabilities in outlining their future goals, learning that there is a way to have a high quality of life with a disability, and creating a support network within the community to ensure continued independence.

Centers for Independent Living and NCIL are on record requesting additional funding to be allocated to help assist the VA in providing essential and timely services to veterans and their families.

NCIL and our Veterans Taskforce welcome the opportunity to discuss how Centers for Independent Living can help the Department of Veterans Affairs and the

Vocational Rehabilitation Employment program enhance services for our Nation's returning and aging veterans.

Chairman Filner, Ranking Member Buyer, and distinguished colleagues of the Committee on Veterans' Affairs, thank you for this opportunity to comment on VA's Independent Living program. My name is John Lancaster and I am the Executive Director of the National Council on Independent Living.

The National Council on Independent Living is the oldest national cross-disability, grassroots organization run by and for people with disabilities. Founded in 1982, NCIL is the association representing Centers for Independent Living (CILs) and statewide Independent Living Councils (SILCs), which provide independent living services and advocate civil rights of people with disabilities throughout the United States.

A majority of our Centers for Independent Living and statewide Independent Living Councils receive federal funding under Title VII of the Rehabilitation Act, administered by the Rehabilitation Services Administration of the Department of Education.

Centers for Independent Living serve our Nation in all but five Congressional Districts. These Centers are non-residential, cross-disability advocacy organizations. CILs serve people with disabilities of all ages and income; including people with physical, cognitive and sensory disabilities, as well as the growing population of people with mental illnesses and PTSD. All Centers for Independent Living offer four core services of independent living skills training, peer support, individual and systems advocacy, and information and referral. Many Centers offer additional services such as support groups, community advocacy projects, home modification programs, assistive technology loan banks, attendant care services, deaf interpreters services, Braille services, recreation, and other community collaboration efforts.

According to data collected by the Rehabilitation Services Administration, during Fiscal Years 2004–2006, Centers for Independent Living:

Attracted over $520 million through private, state, local, and other sources annually;

Moved 8,381 people out of nursing homes and institutions, saving states and the Federal government well over $160 million, not to mention improving people's quality of life, and;

Provided the core services of advocacy, information and referral, peer support, and independent living skills training to over 3 million individuals with disabilities.[1]

In that same period, Centers provided other services to over 659,000 individuals with disabilities in their respective communities that included:

Services to over 56,000 youth with disabilities;

Assistance to over 169,000 people in securing accessible, affordable, and integrated housing;

Transportation services to over 106,000 people with disabilities;

Personal assistance services to over 163,000 people with disabilities;

Vocational and employment services to 105,000 people with disabilities, and;

Assistance with Assistive Technology for 114,000 people with disabilities.

NCIL and all Centers for Independent Living believe in the principle of consumer-control and that community-based services are an essential element of integration, which will ensure the full participation of people with disabilities in all aspects of society. NCIL has long worked to garner the support and services that people with disabilities need to achieve community integration and economic self-sufficiency. We believe people with the most significant disabilities can be contributing members of society given the proper supports. Our philosophy demands all individuals be given every opportunity to succeed when other agencies are content with labeling them unemployable.

NCIL recently developed a Veteran's taskforce, which conducted a survey of our Centers for Independent Living. Results showed Centers for Independent Living are indeed working with veterans to obtain housing, assist them in navigating the VA system, acquiring personal attendant care, and providing information and referral. One common theme that came out of the survey loud and clear is that there must

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[1] Rehabilitation Services Administration response to NCIL Freedom of Information Act request 08–00115–F. November 19, 2007

to be a formal connection between Centers for Independent Living and the VA. When Centers for Independent Living get a referral from the VA it is usually at a time of crisis. We would welcome a formal relationship with the VA and Veteran's Service Organizations to better assist veterans with disabilities and their families.

The core belief of Independent Living, which NCIL and all Centers for Independent Living subscribe to, is that all people have the right to decide how to live, work, and participate in their communities, and that consumer-directed and community-based services are the most effective and cost efficient method for the full integration of the wounded warriors back to civilian life.

The reports of the President's Commission on Care for America's Returning Wounded Warriors, as well as the VA's Vocational Rehabilitation and Employment Taskforce, support these fundamental Independent Living core beliefs and agree on the need to create more IL programs, which increase access to community-based services.

While the VA's long history of assistance to returning warriors has focused primarily on clinical treatment and compensation, Centers for Independent living have been focusing on one-on-one support to assist people with disabilities in outlining their future goals, learning that there is a way to have a high quality of life with a disability, and creating a support network within the community to enhance the lives of all.

Fortunately, Centers for Independent Living want to collaborate actively with the VA. Centers for Independent Living and NCIL is on record requesting additional funding to be allocated to help assist the VA in providing essential and timely services to veterans and their families. Many Centers for Independent Living employ veterans and have reached out to include veterans with disabilities on their staff and boards of directors so that they may use their real life experience to improving VA programs in their local community, and use existing programs to help expand capacity to serve newly injured and aging veterans who proudly served our country to live independently within their own local communities.

Centers in Alaska, Minnesota and Michigan are working with their communities to make sure our veterans are receiving the proper supports to reintegrate into their communities. In Alaska, the CIL works with the VA, offering veterans access to their mobility loan closet or their TBI support groups. In Minnesota CILs are important and valuable community resources for the VA providing peer-to-peer supports and accessing community supports at a faster pace. Our independent living specialists in Michigan are now doing some work with the VA, including Pre-IL assessments, comprehensive assessments, case management and other IL supports as needed.

NCIL encourages all Veteran Affairs programs to connect with local Center for Independent Living through out the country. NCIL and our Veterans' Task would welcome the opportunity to discuss how Centers for Independent Living can help the VA enhance services for our Nation's returning veterans. To this end, NCIL looks forward to working with you and your staff to address these policy issues.

Thank you for your time and attention to this critical issue.

Prepared Statement of Richard Daley,
Associate Legislation Director, Paralyzed Veterans of America

Chairwoman Herseth Sandlin, Ranking Member Boozman, and members of the Subcommittee, on behalf of Paralyzed Veterans of America (PVA) I would like to thank you for the opportunity to testify today on the Department of Veterans Affairs (VA) Independent Living Program which is administered by VA's Vocational Rehabilitation and Employment (VR&E) Program.

PVA believes that the VR&E Program is one of the most critical programs VA administers in assisting veterans with disabilities to successfully transition to civilian life. The primary mission of the VR&E program is to provide veterans with service-connected disabilities all the necessary services and assistance to achieve maximum independence in daily living and to the maximum extent feasible, to become employable and to obtain and maintain suitable employment. In VR&E's mission statement, independent living services is mentioned first, emphasizing the importance of the independent living program and the Congressional intent for the VR&E program to focus on providing services to veterans with severe disabilities.

In 1980, when the Independent Living (IL) program was first developed, it was implemented as a pilot program and imposed a 500 new case cap to the new program. In the succeeding years, the program grew and proved successful in helping veterans with severe disabilities to gain greater independence in their daily living

activities. The 500 new case cap seemed to be forgotten and the caseload for independent living continued to grow well beyond 500 new cases a year. Following years of dealing with the 500 case cap, VA met with Congressional staff members to request that the cap be removed. Congress at that time was not willing to remove the cap as they wanted VA to implement stronger guidelines for the program. Congress did, however, increase the cap from 500 to 2,500 new cases in 2001.

Even though the new case cap was increased, VA continued to bump up against the cap for many years. This meant that starting in the fourth quarter of each fiscal year VR&E had to constantly monitor the number of new IL cases opened around the country. As VR&E approached the cap limit, they had to slow down or delay delivery of independent living services for new cases until the start of the next fiscal year. When the VA approached the cap limit, VR&E tried to ensure that veterans most in need would be served without delay. VR&E did this by requesting that counselors submit their new IL cases to Central Office for review. VR&E staff at Central Office then tried to make the determination as to who needed services immediately and who could wait. Unfortunately, this procedure is quite disruptive and can endanger the success of the rehabilitation process. Imagine engaging in outreach activities, developing new cases, and then having to explain to veterans with the most severe disabilities that they must wait to receive any services.

In addition to the delay in services, the cap has placed an unnecessary burden on VR&E staff. Time devoted by VR&E counselors in the field preparing requests to serve new IL cases and time spent by Central Office staff reviewing such requests as well as the constant monitoring of the new IL case count can certainly be used in more productive ways to provide services to veterans. While VR&E may not have reached the cap in the last year or two, the cap still presents an unnecessary burden and seems to be in direct conflict with providing the necessary services to veterans with severe disabilities.

PVA strongly opposes any unnecessary delay in services for veterans, especially services to severely disabled veterans. PVA is extremely disappointed that VR&E staff is still forced to abide by the arbitrary 2,500 new case cap. At this point in time when the continuation of our military efforts associated with Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) are unfortunately resulting in ever increasing numbers of veterans who sustain serious injuries, any limit placed upon the delivery of services to severely disabled veterans is at best contrary to the intent of Congress and the American public.

The VR&E program provides services to approximately 95,000 veterans each year. In FY 2007, VA reported that the VR&E program rehabilitated 11,008 veterans with service-connected disabilities. Of the total number of veterans rehabilitated, 8,252 veterans were determined rehabilitated through obtaining employment and 2,756 veterans were determined rehabilitated through achieving their independent living goals.

To achieve these outcome results, VR&E has made progress through continual improvement in its programs. In 2004, VR&E hired an IL Coordinator to manage the program. In 2005, IL Standards of Practice were issued to VR&E field staff providing detailed guidance. Over the last 3 to 4 years, VR&E Central Office staff have provided numerous training sessions on the delivery of IL services.

Yet there is still much more that can be done to ensure that veterans with severe disabilities are well served in the areas of independent living and vocational rehabilitation. Outreach activities targeting severely disabled veterans can be enhanced. Stronger linkages with other advocacy and community-based programs can be established. Finally and perhaps most importantly, VR&E needs to direct more time and attention to assisting those veterans who after achieving their independent living goals are ready to move toward developing vocational goals that may include volunteer work, part-time employment, and even full-time employment.

With the removal of the IL cap and greater attention directed at serving veterans with severe disabilities, PVA recommends that VR&E be given additional professional full time employee positions for IL specialist counselors. These experienced counselors should be fully devoted to delivering services to those veterans determined to have serious employment handicaps and to partnering with other programs in the community to bring to veterans the full range of IL services available. These specialty counselors will be able to target their efforts on enhancing both the accessibility and quality of independent living services available to veterans with severe disabilities.

PVA's recommendation for IL specialist counselor is based upon our own experience. PVA has developed and implemented a new Vocational Rehabilitation Services program to ensure that all veterans with spinal cord injury or disease have equitable employment opportunities and that the estimated 85 percent unemployment rate among PVA members becomes a grim statistic of the past. In partnership with

VA and cooperate sponsors (Health Net Federal Services and Tri West Healthcare Alliance), PVA has been able to open two vocational rehabilitation services offices: one at the VA SCI Center in Richmond, Virginia and more recently at the VA SCI Center in St. Paul, Minnesota. We also anticipate opening a third office in San Antonio, Texas this fall. PVA's vocational services at these two offices are delivered by Mr. Rick Schiessler and Ms. Diane Acord. Both rehabilitation counselors have many years of experience and proper credentials to specialize in providing services to individuals with SCI disabilities. Our new program appears to be very promising and in less than a year's time, we are serving well over 100 veterans and have assisted 20 veterans with severe disabilities obtain employment. The average starting salary of our employed veterans is $39,400. We believe a large part of our success so early in the development stage of the program is due to our specialty counselors who are able to devote all of their attention to providing services to veterans with SCI disability.

In addition to specialty IL counselors in the field, PVA also recommends that staff at Central Office responsible for managing the IL program be increased. As stated earlier, VR&E has an IL Coordinator who manages the program. However, having only one individual trying to manage an entire national program appears unrealistic, especially if the IL cap is removed and VR&E places more emphasis on serving veterans with severe disabilities. PVA recommends that if Congress wishes VR&E to improve the IL program, then management of the program should be properly resourced.

Chairwoman Herseth Sandlin, Ranking Member Boozman, and members of the Subcommittee, Paralyzed Veterans of America supports your efforts to review and improve the existing vocational rehabilitation programs of the Department of Veterans Affairs, especially those programs designed to serve veterans with the most severe disabilities. We look forward to working with you to ensure that the best services are available particularly for veterans with severe disabilities. This concludes my testimony. I would be happy to answer any questions you may have.

Prepared Statement of Mark Walker,
Assistant Director, National Economic Commission, American Legion

EXECUTIVE SUMMARY

The mission of the Veterans Rehabilitation and Education (VR&E) program is to help qualified, service-disabled veterans achieve independence in daily living and, to the maximum extent feasible, obtain and maintain suitable employment. The American Legion fully supports these goals. The Independent Living Program (ILP) was established in 1980 by P.L. 96–466, the Veterans Rehabilitation and Education Amendments. The program serves severely disabled veterans whom the Department of Veterans Affairs (VA) determined were unable to obtain and maintain suitable employment when achievement of a vocational goal is not feasible. ILP services and assistance provided to veterans include evaluation and counseling; prosthetic appliances; eyeglasses; communication devices; adaptive automobile equipment; wheelchair training; and other services necessary to enable a severely disabled veteran to achieve maximum independence in daily living. Veterans may remain in the ILP for a maximum of 30 months. Chapter 31 of Title 38, U.S. Code limits the number of veterans who can be placed in the ILP to 2,500 annually. The American Legion supports the removal of the cap. Additionally, the VA should effectively manage and monitor the number of new ILP participants and provide detail information to Congress on delays in veterans' services until a decision has been made to remove the annual statutory cap.

The total number of veterans who were rehabilitated through the Independent Living Program in FY 2006 and FY 2007 were 2,162 and 2,756 respectively. In February 2007, the VA Secretary stated that VR&E anticipates a steady increase in the demand for ILP services over the next 10 years. Severely disabled veterans stated that the Independent Living Services assisted them in adjusting to home life and participating with family and community life at a higher level. For example, a veteran from Georgia described that once he was accepted into the ILP, he was supplied with special walking shoes, an exercise machine, and a computer. The Independent Living services allowed him to better operate and feel more productive at home. The program has provided severely disabled veterans much needed assistance and possible hope for future employment.

During this time of war we all have an important mission in enabling our injured soldiers, sailors, and airmen and other veterans with disabilities to have a seamless

transition from military service to a successful rehabilitation and on to suitable employment after service to our Nation.

The American Legion strongly supports the ILP and is committed to working with the VA and other Federal agencies to ensure that America's severely disabled veterans are provided with the highest level of service and employment assistance. Again, thank you for the opportunity to submit the opinion of The American Legion on this issue.

Madam Chairwoman and distinguished members of the Subcommittee, thank you for the opportunity to present the views of The American Legion regarding the Independent Living Program (ILP), which falls under the Department of Veterans Affairs (VA) Vocational Rehabilitation and Education (VR&E) program.

VOCATIONAL REHABILITATION AND EMPLOYMENT SERVICE

Since the forties, VA has provided vocational rehabilitation assistance to veterans with disabilities incurred during military service. The Veterans Rehabilitation and Education Amendments of 1980, Public Law (P.L.) 96–466, changed the emphasis of services from training, aimed at improving the employability of disabled veterans, to helping veterans obtain and maintain suitable employment and achieve maximum independence in daily living. Vocational Rehabilitation and Employment (VR&E) program employment goals are accomplished through training and rehabilitation programs authorized under Chapter 31 of Title 38, U.S. Code. Title 38 provides a 12-year period of eligibility after the veteran is discharged or first notified of a service-connected disability rating. To be entitled to VR&E services, veterans must have at least a 20 percent service-connected disability rating and an employment handicap or less than a 20 percent disability and a serious employment handicap.

The mission of the VR&E program is to provide comprehensive services and assistance necessary to enable veterans with service-connected disabilities and employment handicaps to become employable, then obtain and maintain stable and suitable employment. The American Legion fully supports these goals. The Independent Living Program (ILP) was established in 1980 by P.L. 96–466, the Veterans Rehabilitation and Education Amendments. The program serves severely disabled veterans, who VA determined were unable to obtain and maintain suitable employment, when achievement of a vocational goal is not feasible. ILP services and assistance provided to veterans include evaluation and counseling; prosthetic appliances; eyeglasses; communication devices; adaptive automobile equipment; wheelchair training; and other services necessary to enable a severely disabled veteran to achieve maximum independence in daily living. Veterans may remain in the ILP for a maximum of 30 months. Chapter 31 of Title 38, U.S. Code limits the number of veterans who can be placed in the ILP to 2,500 annually.

Administration of VR&E and its programs is a responsibility of the Veterans Benefits Administration (VBA). Historically, VBA has placed emphasis on the processing of veterans' claims and the reduction of the claims backlog, which is extremely important. However, providing effective employment programs through VR&E must be a priority as well.

Historically, VA has been lacking in its efforts to find employment for disabled veterans. The Vocational Rehabilitation program has historically been marketed to veterans as an education program and not an employment program. A majority of veterans attended universities and colleges with few enrolled in training programs, such as apprenticeships and on-the-job training that can lead to direct job placement.

Until recently, VR&E's primary focus has been providing veterans with skills training, rather than obtaining meaningful employment. Clearly, any employability plan that doesn't achieve the ultimate objective, a job, is an injustice to those veterans seeking assistance in transitioning into the civilian workforce.

MANAGEMENT AND PERFORMANCE STANDARDS

In 2003, the Secretary of Veterans Affairs established a task force to examine the entire VR&E Program. The resulting *2004 VR&E Task Force Report* contained 110 recommendations to redesign the program to become "a proactive, employment-driven, 21st Century program that can effectively serve veterans with disabilities." The task force reported areas of concern in VR&E's provision of employment services to veterans, workload management, fiscal accountability, performance measurement, and information technology (IT) management including a concern that VR&E's IT systems did not produce the information and analyses needed to manage program

activities. As of April 2007, VR&E reports that 89 of 110 recommendations have been fully implemented and 13 are planned for implementation. As of July 2008, VR&E reports that out of the 13 remaining recommendations for implementation, 4 of those will be implemented within 12 months and 8 will be implemented beyond 12 months.

The Government Accountability Office (GAO) issued a report in June 2004 that concluded that VA has not been effective in meeting its mandate to find jobs for disabled veterans. The report agreed with the *2004 VR&E Task Force Report* finding that VA had not prioritized returning veterans with service-connected disabilities to the workforce and that the VR&E Program has emphasized education over employment. The *2004 VR&E Task Force Report* stated, "VR&E's best efforts regarding employment of veterans have resulted in only 10 percent of those participating in the VR&E program obtaining employment," and stated, "Despite the tens of thousands of VR&E program participants in a given year, the number of veterans rehabilitated by obtaining a job or achieving ILP goals has averaged only about 10,000 a year for several years."

Another problem hindering the effectiveness of the VR&E program as previously cited in reports by the Government Accountability Office (GAO) is exceptionally high workloads for the limited number of staff. This hinders the staff's ability to effectively assist individual veterans with identifying employment opportunities.

As mentioned above, Chapter 31 of Title 38, U.S. Code limits the number of veterans who can be placed in the ILP to 2,500 annually. Due to the statutory annual cap on the number of ILP participants, VR&E Service instructed VA Regional Offices (VAROs) to discontinue placing veterans into ILP status as they approached the cap unless approved by VA Central Office (VACO). From FY 2002 through FY 2006, VR&E issued interim procedures that prohibited VR&E staff from approving new veterans into the ILP unless VACO program officials authorized the placements. The interim procedures further directed that if authorization were denied, the veteran should be considered a priority for initiation in the new FY and held in the Evaluation and Planning phase until that date.

As a result, the cap was underutilized in FY 2006 and services to entitled veterans were delayed. An average of 225 veterans per month entered the ILP nationwide from October 2005 through June 2006. However, during the months of July 2006 through September 2006, subsequent to issuance of the interim procedures, an average of 45 veterans per month entered into the ILP. Ultimately, a total of 2,162 veterans entered the ILP in FY 2006. Even though the number of new veterans that entered the program did not exceed the annual cap, VR&E service anticipated exceeding it, which delayed veterans from entering the ILP when they were eligible. This cap delays benefits to severely disabled veterans who are entitled to participate in the ILP. VA has made efforts since 2001 to remove the cap; however, the cap remains in effect.

The American Legion supports the removal of the cap. VA should effectively manage and monitor the number of new ILP participants and provide detailed information to Congress on delays in veterans' services until a decision has been made to remove the annual statutory cap, especially during a period of armed conflict.

VA reports that VR&E rehabilitation rates as a measure of Chapter 31 program performance in the annual VA Performance and Accountability Report (PAR). The PAR should include data on total program participants, including those who discontinued program participation, those who obtained and maintained suitable employment, and those who achieved ILP goals. Currently, the PAR does not accomplish that. The PAR should provide accurate and complete information for budgetary and resource decisions.

Unfortunately, most veterans discontinued participation in the Chapter 31 program and were not rehabilitated. Data in Benefits Delivery Network (BDN), the major computer system used by VBA to process veterans' claims, does not provide VR&E management with sufficient information to analyze the reasons for the high rate of program discontinuation. Once the reasons are identified, the information could be used to design interventions to reduce the probability of veterans dropping out of the program.

VBA currently has a study, Veterans Employability Research Survey, which is scheduled for completion in September 2008. Study results will be used to establish nationwide procedures to help reduce the number of veterans who discontinue the VR&E program.

It seems that the VR&E program has remained in a perpetual state of transition for the past 25 years, according to countless GAO and VA reports. The *2004 Task Force Report* stated that the VR&E system must be redesigned for the 21st Century employment environment. The American Legion continues to support strong leadership and continued verification of the recommendations made in the *2004 Task*

Force Report. In fiscal year (FY) 2006, VR&E funding was $702 million, and the program served about 90,000 veterans. Adequate funding is needed to assist the management staff of VR&E to continue its implementation of the recommendations.

REHABILITATION AND EMPLOYMENT OUTCOMES

Numbers of Rehabilitated/Employed Veterans

Year	Veterans successfully rehabilitated	Veterans successfully employed with suitable jobs
FY 03	9,549	7,525
FY 04	11,129	18,392
FY 05	12,013	19,279
FY 06	Not available	Not available
FY 07	11,008	18,252

The above demonstrates the improved outcomes for the VR&E program.

Although there are improvements needed in the VR&E program, veterans who have gone through the program stated that the counseling, training, education, and skills that they acquired led to gainful employment both within the public and private sectors. A veteran from Massachusetts went into the VR&E and received an associate degree. Currently, he operates his own small business, while completing his bachelor's degree. Severely disabled veterans stated that the Independent Living Services assisted them in adjusting to home life and participating with family and community life at a higher level.

For example, a veteran from Georgia described that once he was accepted into the ILP, he was supplied with special walking shoes, an exercise machine, and a computer. The Independent Living services allowed him to better operate and feel more productive at home. The program has provided severely disabled veterans much needed assistance and possible hope for future employment.

2008 VR&E AND INDEPENDENT LIVING PROGRAM PARTICIPANTS

Locations	VR&E Program Participants	Veterans Placed in the ILP
Indiana	1,880	163
Arkansas	1,382	24
South Dakota	781	43
North Dakota	569	29
District of Columbia	2,318	11
New York City	1,700	219

The total number of veterans who were rehabilitated through the Independent Living Program in FY 2006 and FY 2007 were 2,162 and 2,756 respectively. In February 2007, the VA Secretary stated that VR&E anticipates a steady increase in the demand for ILP services over the next 10 years.

At this time in the nation's history, it is paramount that we ensure VA is capable of enabling injured veterans with disabilities to have a seamless transition from military service to a successful rehabilitation and on to suitable employment after military service. For severely disabled veterans, this success will be measured by their ability to live independently, achieve the highest quality of life possible, and realize the hope for employment given advances in medical science and technology. To meet America's obligation to these specific veterans and other eligible VR&E veterans, VA leadership must continue to focus on marked improvements in case management, vocational counseling, and most importantly job placement.

The American Legion strongly supports the ILP and is committed to working with VA and other Federal agencies to ensure that America's severely disabled veterans are provided with the highest level of service and employment assistance. Again,

thank you for the opportunity to present the opinion of The American Legion on this issue.

Prepared Statement of Ruth Fanning,
Director, Vocational Rehabilitation and Employment Service,
Veterans Benefits Administration, U.S. Department of Veterans Affairs

Madam Chairwoman and members of the Subcommittee, thank you for inviting me to appear before you today to discuss the independent living services provided by VA's Vocational Rehabilitation and Employment (VR&E) program. My testimony will provide an overview, address the cap of 2,500 new independent living cases per fiscal year, and describe VR&E efforts to improve and facilitate the delivery of these essential services.

Overview of Independent Living

Independent living (IL) services may be provided to VR&E applicants when it is determined during the initial evaluation that they cannot, due to the severity of their disability(ies), currently pursue a vocational goal. After this determination, each veteran participates in a thorough assessment of his or her potential IL needs. The evaluation begins with a preliminary assessment. During this assessment, the counselor obtains information about a variety of issues, including housing, personal and emotional needs; leisure and avocational activities; and the ability of the veteran to perform activities of daily living. If potential IL needs are identified, the VR&E counselor or another provider with specialized experience and/or training completes a comprehensive assessment of IL needs. This assessment is usually performed at the veteran's home. If IL needs are found and it is determined that achievement of appropriate goals is possible, the counselor works with the veteran to develop an Independent Living Plan. This plan outlines the goals, services, and assistance to be provided and benchmarks to be used to determine progress in achieving greater independence in daily living.

Independence in daily living translates to the ability of a veteran to live and function within family and community, either without the services of others or with a reduced level of those services. Services are tailored to each veteran's needs and may include a discrete service or a comprehensive program of services necessary to achieve maximum independence in daily living.

Total programs of IL services are usually no longer than 24 months duration. In exceptional circumstances, the counselor may request a 6-month extension.

Some of the IL services VA provides include training in activities of daily living, training in skills needed to improve an individual's ability to live more independently, attendant care during a period of transition, transportation when special arrangements are required, peer counseling, housing integral to participation in a program of special rehabilitation services through an approved independent living center or program, training to improve awareness of rights and needs, assistance in identifying and maintaining volunteer or supported employment, services to decrease social isolation, and adaptive equipment that increases functional independence.

IL services may also help a veteran become able to participate in an extended evaluation. The purpose of an extended evaluation is to assess the ability of the veteran to achieve a vocational goal. Discrete IL services may also be provided as components of other rehabilitation plans. The IL services included in these plans must be directly related to the achievement of the plan goal, whether that goal is vocational training, a more extensive assessment of vocational feasibility, or employment.

The VR&E Officer must approve IL program costs exceeding the counselor approval limit of $25,000 per calendar year. Program costs exceeding $75,000 per calendar year can be approved by the Director of the VA Regional Office. Program costs in excess of $100,000 per calendar year and IL-related construction costs exceeding $25,000 must be approved by the Director of VR&E Service.

VR&E performs quality assurance reviews of IL casework. Cases are reviewed during oversight visits at regional offices, and the results are used to develop training or provide additional guidance when appropriate.

Independent Living Cap

With the passage of P.L. 107–103, the Veterans Education and Benefits Expansion Act of 2001, the limit on the number of new IL cases per year increased from 500 to 2,500. VR&E Service monitors newly developed IL cases monthly to track total IL cases in comparison to the legislative cap. Tracking over the past 2 years

demonstrates the ability of VR&E counselors to provide needed services within the current 2,500 statutory cap. On average, 2,300 new cases have entered IL services each of the past 3 years.

Independent Living Services and Results

Veterans with severe disabilities who participate in programs of independent living have achieved results that include increased independence, decreased isolation, decreased dependence on outside supports, enhanced family relationships, improved medication and therapeutic intervention compliance, and greater community involvement. Other positive outcomes include veterans being able to leave long-term institutional care to live in the community with reduced reliance on other federally funded service providers, pursuit of full or part-time volunteer employment, and progression from IL programs to other VR&E employment programs.

As a result of increased outreach, we anticipate more veterans will participate in programs of IL services. Also, the medical stabilization of returning OEF/OIF veterans with catastrophic injuries will necessitate their participation in vocational rehabilitation programs. The aging Vietnam Era population and the increasing number of veterans receiving compensation due to presumptive diseases will also likely increase the utilization of IL services.

VR&E Service closely monitors the number of entering cases to ensure priority services are provided to veterans with the most serious disabilities. We also provide training and guidance to field staff to incorporate IL services into Individualized Written Rehabilitation Plans and Individualized Extended Evaluation Plans when appropriate.

Training

In early 2005, Guidelines for the Administration of the Independent Living Program were published and implemented. These guidelines include standards of practice and mandatory job aids for counselors. Use of these tools improved the quality and consistency of independent living assessments, plan development, service delivery, and case closures.

To reinforce the understanding and use of these tools and practices, VR&E Service provides targeted and extensive training about IL services for counselors and managers, including training workshops for vocational rehabilitation counselors directly responsible for developing IL plans and providing IL services.

As a part of ongoing IL training, VR&E Officers and Assistant VR&E Officers also receive information about community partnerships facilitating IL planning and service delivery. Building on collaboration with the Executive Director for Centers for Independent Living, a panel presentation at the recent VR&E Leadership Conference focused on information about Centers for Independent Living and current initiatives at these Centers to work with veterans with severe disabilities.

Another panel at the VR&E Leadership Conference addressed methods and services to facilitate the employment of individuals with severe disabilities, such as traumatic brain injury, post traumatic stress disorder, spinal cord injury, severe mental illness, and polytrauma. Panelists included representatives from Easter Seals, the Vocational Rehabilitation Services Program sponsored by Paralyzed Veterans of America, and the Compensated Work Therapy program within the Veterans Health Administration (VHA).

Current and Future Studies

To obtain a more comprehensive understanding of the veterans who participate in IL programs, VR&E Service funded an Independent Living Participant Study. This contracted study will provide the first comprehensive analysis of the veterans, services, and outcomes achieved by veterans participating in total programs of IL services. This study will expand our knowledge about the disabilities and disability ramifications of IL program participants; the use of technology and adaptive equipment to minimize or ameliorate disability ramifications in daily life; and utilization of other VA benefits and benefits available through private providers or other state or federal sources. Recommendations to improve the administration of IL services under the VR&E program will be provided. The study is expected to be completed by September 30, 2008.

Next year, VR&E plans to fund a study to examine factors influencing the employment of individuals with severe injuries. Many of these individuals will initially utilize IL services, either in total programs of independent living or through IL services included in other rehabilitation plans. The objective of this project is to collect data and perform a comprehensive analysis of factors influencing the successful employment of veterans of the military with severe injuries. The population studied will include individuals with disabilities such as traumatic brain injury, spinal cord injury, blindness, amputation, severe mental illness, burns, and polytrauma. Rec-

ommendations will be provided on methods to improve employment outcomes and train counselors in working with and planning rehabilitation programs for servicemember and veterans with severe injuries.

Cooperative Relationships

In cooperation with the Specially Adapted Housing Grant program administered by VA's Loan Guaranty Service, VR&E independent living services help meet the needs of veterans with severe disabilities and mobility impairments. In 2005, VR&E Service and Loan Guaranty Service established formal procedures to facilitate cooperative relationships while maintaining the integrity of each program. When working with veterans who have home-modification needs, VR&E counselors investigate eligibility for the Specially Adapted Housing grant, and may assist the veteran in the application and coordination process.

Specially Adapted Housing Agents, as part of their initial interview protocol, discuss potential eligibility for IL services. Specially Adapted Housing Program Managers regularly attend VR&E management conferences to provide information on the Specially Adapted Housing Program.

This cooperation has resulted in the delivery of life-changing services to veterans. In one instance, a veteran with quadriplegia received home modifications and a generator from the Specially Adapted Housing Program. IL services included adaptive equipment and assistive devices such as a voice activated computer and a flashing telephone and doorbell. Another veteran, blinded in Vietnam, needed a bedroom and bath constructed on the first floor of his home. VR&E and the Specially Adapted Housing Program were able to jointly complete these modifications, ensuring the veteran's safety in his home and increased independence.

VR&E also works with programs administered by VHA, including the Home Improvements and Structural Alterations (HISA) program, the Automobile Adaptive Equipment program, and the Visually Impaired Services Team (VIST) program. The VHA provides HISA grants up to $1,200 for nonservice-connected veterans or up to $4,100 for service-connected veterans who need modifications to their homes to facilitate entry and provide access within the home.

VA's Automobile Adaptive Equipment program helps veterans or servicemember who are service-connected for the loss or loss of use of one or both feet or hands, or who have service-connected abnormal adhesion of the bones of a joint of one or both knees or one or both hips. Veterans with severe burns resulting in a rating of loss of use of their extremities also qualify. The program can provide, among other things, power steering, brakes, windows, doors, mirrors, seats, automatic transmission, van lifts, wheelchair and scooter lifts, shipping costs, and other special equipment necessary to the individual.

VHA's Compensated Work Therapy (CWT) programs provide supported employment opportunities for veterans with severe mental illness and other catastrophic disabilities, including traumatic brain injury and spinal cord injury. CWT programs are offered at over 162 locations across the country. The staff of these programs provide a range of vocational rehabilitation services to veterans who express an interest in employment. Any veteran may participate who has a severe mental illness or other severe disability and receives a referral from a VA Medical Center clinician or physician. For veterans with severe disabilities, CWT services can be an essential bridge from unemployment to employment.

VHA's Visual Impairment Service Team (VIST) offers a wide variety of services, including visual exams, devices to assist with daily living, and adapted computers and training to veterans with visual impairments. VHA also offers an array of prosthetic devices and services for patients based upon such factors as enrollment, medical evaluations, and prescriptions.

VR&E participates in work groups and Committees that discuss and recommend policies to serve veterans likely to participate in IL services. These committees include the Committee on Care of Veterans with Severe Mental Illness (SMI) and the Traumatic Brain Injury Caregivers Panel. The SMI Committee is a VHA Committee created to discuss, develop, and review VA treatment protocols, funding, and initiatives for veterans with mental illness. Members include VHA clinicians as well as members of service organizations and organizations dedicated to mental health issues in the private sector. Section 744 of the, P.L. 110–181, signed by the President on January 28, 2008, mandated the creation of the Traumatic Brain Injury Caregivers Panel. The purpose of the 15 member panel is "to develop coordinated, uniform, and consistent training curricula to be used in training family members in the provision of care and assistance to members and former members of the Armed Forces with traumatic brain injuries." Panel members were appointed after receiving Department of Defense and White House approval.

Services to Seriously Wounded

VR&E is an integral part of a seriously injured servicemember's or veteran's adjustment and reintegration into their community. Working together with military treatment facilities, the Department of Labor, VHA, as well as VHA's Care Coordinators, and VBA personnel, VR&E provides an optimal program of vocational rehabilitation and employment services to assist with seamless transition from military to civilian life.

Early intervention services for a seriously wounded OIF/OEF servicemember or veteran begins with a VR&E Vocational Rehabilitation Counselor directly contacting the individual to inform him or her about available benefits. This initial contact may occur while the servicemember is receiving treatment at a medical treatment facility, a VA Medical Center, or the individual's home. VR&E staff is equipped to go anywhere necessary to deliver the initial orientation and provide assistance to the wounded warrior and his or her family.

This initial contact allows for the vocational rehabilitation process to begin earlier during medical rehabilitation and enables the veteran to make the transition quickly to work or to a program of employment services after he or she is discharged and ready to pursue vocational goals. This early intervention also gives hope to veterans as they readjust to their disabilities and plan for their future.

Once the eligible servicemember or veteran completes the initial orientation and the vocational assessment, a plan of service is developed to assist in meeting the individual's vocational goals. In developing the rehabilitation plan, VR&E staff work closely with MTF and VHA personnel, communicating with medical teams to obtain current information about the veteran's physical capacities and projected recovery timelines. VR&E is also collaborating with the new Federal Recovery Coordinators to ensure seamless and timely delivery of services.

For servicemembers and veterans who are physically recovering from catastrophic injuries and need independent living services in addition to planning for their vocational goals, an extended evaluation period may be needed. Individuals who are so severely disabled that a decision cannot be made about whether an employment goal is currently feasible may be provided an extended evaluation of more than the basic 12 months. VR&E Service has authorized field managers to approve extended evaluations for OIF/OEF servicemembers and veterans up to a total of 18 months.

Another tool to assist the injured servicemember or veteran is the "Coming Home to Work" (CHTW) initiative. The CHTW initiative began in September 2004 as a pilot at Walter Reed Army Medical Center. In November 2005, responsibility for CHTW was transferred to VR&E Service and became an integral part of VR&E's early intervention and outreach efforts to OEF/OIF servicemembers. CHTW is established at all MTFs, with current staffing provided to 13 Regional Offices serving major MTFs to support this initiative. CHTW provides opportunities for eligible servicemembers to fast track into VR&E services, obtain work experience, develop skills needed to make the transition to civilian employment, determine the suitability of potential careers, and make the transition into competitive employment positions.

The need for early VR&E outreach through CHTW has grown and is no longer contained only within the major Military Treatment Facilities. The Department of Defense has begun assigning injured servicemembers pending medical separation to healthcare facilities across the country. In order to meet the increased need for early VR&E outreach, CHTW has been expanded to all VR&E field offices to focus on the development of solid working relationships with the military chain of command, government agencies, and the VA local service delivery team. This close coordination and collaboration is vital to the success of VR&E early outreach efforts for wounded servicemember and veterans.

The Impact of Independent Living Services

This example highlights the impact that IL services have on our veterans. A veteran with an 80 percent VA disability rating applied for Chapter 31 benefits. He also had a multitude of non-service connected disabilities and used a wheelchair due to the difficulties he had with ambulation due to his disabilities and injuries. His IL goals included increasing his ability to access his home independently, increasing his ability to socialize, and enhancing activities of daily living by providing adaptive computer equipment and teaching him how to use the equipment.

Our VR&E counselor worked with a Rehabilitation Engineer to determine how best to increase the accessibility of the veteran's home. Based on the engineer's assessment and recommendation, VR&E provided for the installation of solar-powered remote-controlled gates on the veteran's property. Prior to installing the gates, the veteran would have to manually open and close the gates. This was difficult for him

due to his disabilities. Now, the veteran uses the gates daily and is able to come and go on his property without difficulty or pain.

During the veteran's IL program, he began to interact with his community at a greater rate. He began to attend community events and joined a social club. Using a computer was very important to this veteran and he had difficulty using a computer, as his injuries placed limitations on the use of his hands. The veteran's IL plan included an adaptive computer, speaking software, and private instruction to teach him to use the equipment and voice activation software. Today, the veteran is able to use the computer to take care of his finances, communicate with family and friends, shop, and conduct research.

Concluding Remarks

VR&E anticipates an increased need for independent living services. We continue to assess our progress and develop methodologies and strategies to improve the delivery of benefits to these deserving veterans. Last year, over 2,700 independent living participants were rehabilitated—demonstrating they had achieved the goals of their programs or made substantial gains in independence as a result of VR&E services.

Madam Chairwoman, this concludes my statement. I would be pleased to answer questions from you or any of the other members of the Subcommittee.

Statement of Kerry Baker,
Associate National Legislative Director, Disabled American Veterans

Madam Chair and Members of the Subcommittee:

On behalf of the 1.3 million members of the Disabled American Veterans (DAV), I am honored to present this testimony to address the Department of Veterans Affairs' Independent Living Program (ILP).

The purpose of the Vocational Rehabilitation and Employment (VR&E) program is to provide all services and assistance necessary to enable veterans with service-connected disabilities to become employable and obtain and maintain suitable employment, and to the maximum extent feasible, achieve independence in daily living. However, in any case wherein the VA has determined that the achievement of a vocational goal by a veteran currently is not reasonably feasible, such veteran shall be entitled, in accordance with the provisions of 38 U.S.C.A. 3120, to an ILP designed to enable such veteran to achieve maximum independence in daily living. *See 38 U.S.C.A. § 3109 (West 2002).*

In accordance with 38 U.S.C.A. § 3120, a program of independent living services and assistance may be made available under this section only to a veteran who has a serious employment handicap resulting in substantial part from a service-connected disability. Eligibility for acceptance into the ILP is hinged on a determination that achievement of a vocational goal currently is not reasonably feasible. *See 38 U.S.C.A. § 3106(d) and (e).*

An ILP for services and assistance to a veteran shall consist of such services as the Secretary determines necessary to enable such veteran to achieve maximum independence in daily living. The scope of services and assistance provided is governed by 38 U.S.C.A. § 3104, and include the following:

1. Evaluation, including periodic reevaluations as appropriate with respect to a veteran participating in a rehabilitation program, of the potential for rehabilitation of a veteran, including diagnostic and related services (A) to determine whether the veteran has an employment handicap or a serious employment handicap and whether a vocational goal is reasonably feasible for such veteran, and (B) to provide a basis for planning a suitable vocational rehabilitation program or a program of services and assistance to improve the vocational rehabilitation potential or independent living status of such veteran, as appropriate;
2. Educational, vocational, psychological, employment, and personal adjustment counseling;
3. An allowance and other appropriate assistance, as authorized by section 3108 of title 38;
4. A work-study allowance as authorized by section 3485 of title 38;
5. Placement services to effect suitable placement in employment, and post-placement services to attempt to insure satisfactory adjustment in employment;
6. Personal adjustment and work adjustment training;

7. (A) Vocational and other training services and assistance, including individualized tutorial assistance, tuition, fees, books, supplies, handling charges, licensing fees, and equipment and other training materials determined by the Secretary to be necessary to accomplish the purposes of the rehabilitation program in the individual case,
   (B) Payment for the services and assistance provided under subparagraph (A) shall be made from funds available for the payment of readjustment benefits;
8. Loans as authorized by section 3112 of title 38;
9. Treatment, care, and services described in chapter 17 of title 38;
10. Prosthetic appliances, eyeglasses, and other corrective and assistive devices;
11. Services to a veteran's family as necessary for the effective rehabilitation of such veteran;
12. For veterans with the most severe service-connected disabilities who require homebound training or self-employment, or both homebound training and self-employment, such license fees and essential equipment, supplies, and minimum stocks of materials as the Secretary determines to be necessary for such a veteran to begin employment and are within the criteria and cost limitations that the Secretary shall prescribe in regulations for the furnishing of such fees, equipment, supplies, and stocks;
13. Travel and incidental expenses under the terms and conditions set forth in section 111 of title 38, plus, in the case of a veteran who because of such veteran's disability has transportation expenses in addition to those incurred by persons not so disabled, a special transportation allowance to defray such additional expenses during rehabilitation, job seeking, and the initial employment stage;
14. Special services (including services related to blindness and deafness) including—
   (A) language training, speech and voice correction, training in ambulation, and one-hand typewriting,
   (B) orientation, adjustment, mobility, reader, interpreter, and related services, and
   (C) telecommunications, sensory, and other technical aids and devices;
15. (15) Services necessary to enable a veteran to achieve maximum independence in daily living;
16. Other incidental goods and services determined by the Secretary to be necessary to accomplish the purposes of a rehabilitation program in an individual case.

A rehabilitation program (including individual courses) to be pursued by a veteran shall be subject to the approval of the Secretary.

Unfortunately, Congress has limited programs of independent living services and assistance to no more than 2,500 veterans in each fiscal year. The first priority is afforded to veterans for whom the reasonable feasibility of achieving a vocational goal is precluded solely as a result of a service-connected disability. See 38 U.S.C.A. § 3120(e). However, among those veterans who are provided a program of independent living services and assistance, the VA is required by 38 U.S.C.A. § 3120(c) to include, to the maximum extent feasible, a substantial number of veterans who are receiving long-term care in VA hospitals and nursing homes, to include contract nursing homes.

The DAV's experience has been that this program provides an invaluable benefit to the most seriously disabled veterans. We have not experienced many problems with its implementation or the types of services it provides. However, the 2,500 statutory limit on enrollees is incredibly low considering that the program must provide services to brand new seriously disabled veterans, those in nursing homes and hospitals, and those in between.

Including the reasons above, the statutory limit is exceptionally low considering that we are at war, which renders this program more of a necessity than ever. Therefore, the DAV's primary suggestion is that the statutory limit should be removed entirely.

Madam Chair, this concludes my testimony on behalf of DAV. We hope you will consider our recommendations.

Statement of Rogelio G. Evangelista,
President, Maui County Veterans Council, Wailuku, Maui, HI

Maui County Veterans Council
Wailuku, Maui, HI
July 10, 2008

House Committee on Veterans Affairs
Attn: Ms. Orfa Torres

Dear Committee members:

On March 31, 2008 the Maui County Veterans Council presented Dr. Richard MacDonald, Voc Rehab Counselor, with the "President's Award" for having significantly improved the quality of lives of more than 250 of our most severely psychiatrically and physically disabled Vietnam, Korean and World War II veterans. Dr. MacDonald attributes these remarkable results to the close collaboration he has with our Maui CBOC treatment professionals and the unique and profound effectiveness of the Independent Living Program (ILP). In fact, the entire Maui CBOC healthcare staff, VA and veteran communities on Maui, Molokai and Lanai fully endorse and utilize the IL services provided by Dr. MacDonald. This is because, in addition to Clinic provided therapy and medications, these IL, services have been so effectively providing veterans the means they needed to better utilize their time, skills and interests to help and share with other people. In this way, the IL Program transforms these hard-to-reach veteran's lives, formerly characterized by profound depression, isolation, and lack of purpose, into active, meaningful and socially connected lives. These amazing results benefit the veterans, their families, communities, and the VA in terms of reduced treatment costs over time.

Given this use of the Independent Living Program (ILP) services to these special needs veterans has been utilized far more extensively in Maui County than elsewhere, they have undergone several Site Surveys by VACO Vocational Rehabilitation and Employment (VR&E) staff, including the last one 2 months ago. Dr. MacDonald states that these surveys have resulted in better assurance that IL services are provided here within the scope, guidelines and intent of the Chapter 31 Program. However, these actions have also resulted in larger numbers of veterans awaiting these services. Nevertheless, Dr. MacDonald is doing the best he can to expedite these services.

As noted, the Maui County Veterans Council is promoting this unique utilization of IL services for these special needs veterans because they have proven to be so critically effective and sustaining to them. However, given IL, services are need-based, there should be no cap on the number of veterans who receive them in a year. We also wish to note that Dr. MacDonald, as the sole provider of Chapter 31 services here, provides our veterans with VR&E employment services as well as IL services. Nonetheless, the demand for IL services here remains extraordinarily high because we have such a high percentage of older vets living here still suffering from PTSD who are applying and benefiting from these services.

Lastly, even though we acknowledge our Nation's highest priority is to serve OIF/OEF veterans, we cannot ascribe a lesser priority to serving our older veterans especially knowing how essential these ILP services are in concert with VHA assistance to unlocking the potential of these special needs veterans to live out the remainder of their lives with a restored sense of purpose, family, social and community connection.

Thank you all for what you do for Veterans. God Bless the United States of America and its Veterans.

Respectfully submitted,

Rogelio G. Evangelista
President

Statement of Marianne Talbot, Ph.D.,
President, National Rehabilitation and Rediscovery Foundation, Inc.

The Hope Project: An Independent Living Program for Disabled Veterans with TBI

The Need

Medical and neurosurgical techniques have improved since the seventies, resulting in a dramatic increase in the survival of persons diagnosed with traumatic brain injuries (TBI). It is estimated that 5.3 million Americans currently live with long-term or permanent disabilities resulting from TBI (CDC, 1999; Thurman et al., 1999). The numbers have been increasing with the return of wounded soldiers from the conflicts in Iraq and Afghanistan. As of 2007, approximately 22 percent of the more than 30,000 wounded soldiers from Iraq and Afghanistan have sustained a TBI (Stanford Medicine, 2007). The numbers continue to rise. The recently released RAND Corporation (2008) report on the *Invisible Wounds of War: Summary and Recommendations for Addressing Psychological and Cognitive Injuries* provides some sobering estimates on the number of deployed servicemembers who have sustained a TBI and are suffering from psychological issues such as post traumatic stress disorder (PTSD). Based on surveys, the total number could reach as many as 320,000 (Tanielian, et. al, 2008). TBI may co-occur with PTSD and/or traumatic amputation. The cognitive, physical, and psychosocial changes that occur in an individual post injury are profound, with lifelong and life altering disabling conditions (NIH, 1999).

The current standard of care following TBI has been first emergency medical care and stabilization followed by acute and post-acute rehabilitation with the ultimate goal of independent living. Although the optimal objective of rehabilitation is successful independent living through community re-integration, programs and services that support this transition are not part of the conventional standard of treatment. A significant gap exists with programs focusing on the transition from post-acute rehabilitation to independent community living.

Community re-integration programs (CR) or independent living programs (IL) are crucial to the quality of life for disabled veterans and their families. These programs provide a vital role within the rehabilitation process. By promoting the transfer of skills learned during acute and post-acute rehabilitation, individuals learn how to apply and generalize those skills within the community through CR/IL programs.

Successful CR/IL includes the following constructs to be present in one's life: independent living aspects (self care, daily routine, compensatory strategies); productivity/occupation (meaningful and productive focus); socialization and social supports (supportive network, leisure activities); and general integration factors (housing, community involvement and satisfaction with quality of life) (Karlovits & McColl, 1999).

The next step is to develop a CR/IL prototype that will become part of the standard of care for disabled veterans to promote independence and self-sufficiency, thus successful community re-entry.

The Hope Project Overview

The Hope Project, developed by the National Rehabilitation & Rediscovery Foundation (NRRF) in 2006, is a transitional community reintegration/independent living program designed to provide disabled veterans and their families with a comprehensive, community-integrated program to increase independence and self-sufficiency within a learning environment. This unique program focuses on the transition from post-acute rehabilitation to long-term community living and incorporates the constructs that constitute successful independence and re-entry into the community. Improving the success of CR/IL for disabled veterans is essential to allow them to be productive members of their families, communities, and society.

Through a series of six courses, taught over a 9 month period at Virginia Tech, Northern Virginia Center, individuals partake in classes to learn about lifespan issues related to the long-term needs post TBI, PTSD, and traumatic amputation. Family education and involvement is highly encouraged during this process. Two courses are offered each semester. The program includes the following curriculum:

Fall Semester

Module I—self care, self reliance, and compensatory strategy development
Module II—daily routine development

Spring Semester

Module III—health, leisure education, and socialization
Module IV—productive focus

Summer Semester

Module V—support team development (family involvement/participation)
Module VI—practicum and mentoring opportunity

Program Impact

- *The Hope Project* has been documenting the vital importance of this prototype as part of the standard of care within TBI rehabilitation
- *The Hope Project* is advancing the high quality of treatment for disabled veterans with TBI and is documenting the program's efficacy
- *The Hope Project* will give rise to the development of a model CR/IL program that can be replicated within communities where disabled veterans reside augmenting and complementing the exceptional services that currently exist within the Department of Defense and the Department of Veterans Affairs

Partnerships and Adjunct Services

Partnerships and adjunct services include Virginia Tech, Northern Virginia Center, Department of Marriage and Family Therapy to provide individual, couples, and family therapy services as well as a family support group and graduate level interns. Virginia Tech Department of Adult Learning is collaborating with NRRF to collect data regarding the efficacy of the program and to conduct the program evaluation. Virginia Tech is also providing classroom space as an in-kind contribution to ensure program success.

NRRF collaborates and coordinates with multiple disciplines including academia, industry, military services, and the U.S. Department of Veterans Affairs. Partnerships with local industry are on-going for practicum and employment opportunities for participants at the completion of the program.

Program Director

Marianne Talbot, Ph.D., is the Program Director and President of NRRF. Dr. Talbot earned her Ph.D. in Human Development from the Virginia Tech. She has a Master of Arts in Education and Human Development from the George Washington University in Washington, D.C., and a Bachelor of Arts from Eckerd College in St. Petersburg, Florida. She has national certifications as a Rehabilitation Counselor (CRC), Case Manager (CCM), Rehabilitation Provider (CRP), and Movement Analyst (CMA). During her master's level internship, Dr. Talbot worked at the National Institutes of Health (NIH) in the clinical neuropsychology section administering psychometric tests and collaborating with the neurosurgery section on research protocols. Dr. Talbot has 22 years of experience working in neuro-rehabilitation. Additionally, she serves on several boards and Committees and is President of the Northern Virginia Brain Injury Association.

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Committee on Veterans' Affairs
Subcommittee on Economic Opportunity
Washington, DC
July 11, 2008

Ms. Ruth Fanning
Director
Vocational Rehabilitation and Employment Service
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

Dear Ms. Fanning:

In reference to our House Committee on Veterans' Affairs Subcommittee on Economic Opportunity hearing on "Independent Living Program" on July 10, 2008, I would appreciate it if you could answer the enclosed hearing questions by no later then August 11, 2008.

In an effort to reduce printing costs, the Committee on Veterans' Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for material for all Full Committee and Subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively on letter size paper, single-spaced. In addition, please restate the question in its entirety before the answer.

Due to the delay in receiving mail, please provide your response to Ms. Orfa Torres by fax at (202) 225–2034. If you have any questions, please call (202) 225–3608.

Sincerely,

Stephanie Herseth Sandlin
Chairwoman

Questions for the Record
The Honorable Stephanie Herseth Sandlin
Chairwoman
Subcommittee on Economic Opportunity
House Committee on Veterans' Affairs
July 10, 2008

Independent Living Program

Question 1: How many veterans were recommended by counselors for the Independent Living Program in fiscal year 2004, 2005, and 2006?

Response: Data on the number of veterans with independent living (IL) plans are available from fiscal year (FY) 2005 forward. Tracking procedures were implemented at that time to track new plans against the 2,500 cap. Total IL plans per year include cases that have been re-evaluated for changes in plan or have been transitioned from an employment plan to a program of independent living services. Data for both new plans and total plans by year is as follows:

Fiscal Year	New IL Plans	Total IL Plans
2004	Data not available	3,545
2005	2,588	3,667
2006	2,213	3,129

Question 2: How often does the VA exceed the 24-month time in providing services to veterans?

Response: From FY 2004 through FY 2006, 13 percent of independent living plans exceeded the 24-month timeframe. IL plans may be extended for an additional

6 months if circumstances require an extension. Such extensions require a second level managerial review and approval.

Question 3: What is the average time for a response when a veteran calls the VA to check on the status of an application?

Response: Vocational Rehabilitation and Employment (VR&E) does not track response time of routine inquires concerning status of claims. All Veterans Benefits Administration's (VBA) regional offices have toll free lines staffed with trained customer service personnel versed in all VBA benefits information. Phone counselors are trained to provide immediate feedback regarding the status of pending claims. If claims have not yet been logged into the regional office's computer information system, customer service operators are able to transfer calls to the appropriate VR&E office for status information. Regional office VR&E operations are staffed with personnel equipped to immediately research and provide status information.

Question 4: When was the last time that the office Mr. McCartney dealt with was visited for quality assurance and how did the office rate?

Response: The last VR&E quality assurance oversight survey of the Atlanta Regional Office was in June 2007. A rating is not provided as a part of the site visit protocol. Instead, offices are provided specific feedback regarding management and operational issues geared toward the improving the service provided. The Atlanta Regional Office quality oversight survey included three commendable findings and five action items. Overall, the survey identified no significant findings except the need for increased frequency of case management meetings.

Results of the survey included commendations for:

- effective operational management,
- effective fiscal oversight,
- effective working partnerships with the employment community leading to increased job opportunities for veterans, and
- effective working relationships with the military leading to strong outreach with resulting early intervention for service connected disabled servicemembers exiting the military.

Action items included:

- information technology (IT) enhancements to improve out-based counselors' access to computer systems,
- consistency of data entry,
- consistently informing veterans in writing regarding entitlement determinations,
- consistency in using required worksheets for documenting evaluation and planning actions, and
- increased frequency of case management meetings.

Question 5: What happens after the veteran is not part of the Independent Living Program and becomes unemployed once again and needs assistance? Can the veteran see a counselor or will the veteran need to reapply for the program once again?

Response: Veterans who participate in total programs of independent living services include individuals who are so severely disabled that they could not feasibly be employed will not have been determined infeasible for employment due to the severity of disability conditions. However, as a part of an independent living program, veterans may obtain volunteer employment or part-time employment that is within their ability to perform. The optimal goal of the independent living program is to assist each veteran in overcoming his or her disabilities to the extent that they become feasible and can pursue services that result in gainful employment.

A veteran who has been determined to be infeasible may reenter vocational rehabilitation services within 1 year without reapplying for services. Past the 1 year point, a veteran may also file an informal claim via telephone or letter. A VR&E counselor will contact him or her to discuss further assistance needed. Any time a veteran becomes unemployed after VR&E makes a rehabilitation determination or if the veteran discontinues participation in the VR&E program, he or she may reapply and a VR&E counselor will work with him or her to determine further rehabilitation needs leading to reemployment. Even if the veteran's delimiting date has passed, VR&E may provide employment services; if the veteran has a serious employment handicap, the delimiting period may be waived and the veteran may be provided whatever services are determined necessary to successful rehabilitation.